NOR-MAN REGIONAL HEALTH AUTHORITY

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2009-2010 ANNUAL REPORT

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2009 - 2010 ANNUAL REPORT

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OUR REGION

Covering a large geographical area (72,000 sq. km) and servicing a population of approximately 25,000, the NOR-MAN region consists of a combination of pristine wilderness and rural settings. In addition to the abundance of natural habitats and array of diverse ecosystems, the NOR-MAN region is rich in culture, which truly exemplifies all that is Canadian. The NOR-MAN region is indeed multicultural, welcoming all in the warm fashion that has made our country great!

Climb the Canadian Shield rock formations near Flin Flon, swim in Clearwater Lake (the world's second clearest lake) or paddle the Grass River Corridor like the voyageurs of the fur trade era. The NOR-MAN region is a clean environment that is enjoyed by tourists from around the world with seasonal festivals and diverse recreational opportunities.

The major industries in the NOR-MAN region are mining, forestry, tourism, hydro electricity and government services. With modern healthcare facilities, post-secondary education institutes, libraries, schools (Cree and French immersion education available), and a variety of recreation facilities you will discover a blend of bustling urban districts coupled with peaceful country living. With safer communities, the NOR-MAN region is a smart alternative for both single individuals and families who wish to relocate from all parts of Canada and the world!

Serving the communities of:
Flin Flon
The Pas/Opaskwayak Cree Nation
Snow Lake
Cranberry Portage
Wanless
R.M. of Kelsey
Moose Lake/Mosakahiken Cree Nation
Sherridon/Cold Lake
Cormorant
Grand Rapids/Misipawistik Cree Nation
Easterville/Chemawawin First Nation
Pukatawagan/Mathias Colomb Cree Nation

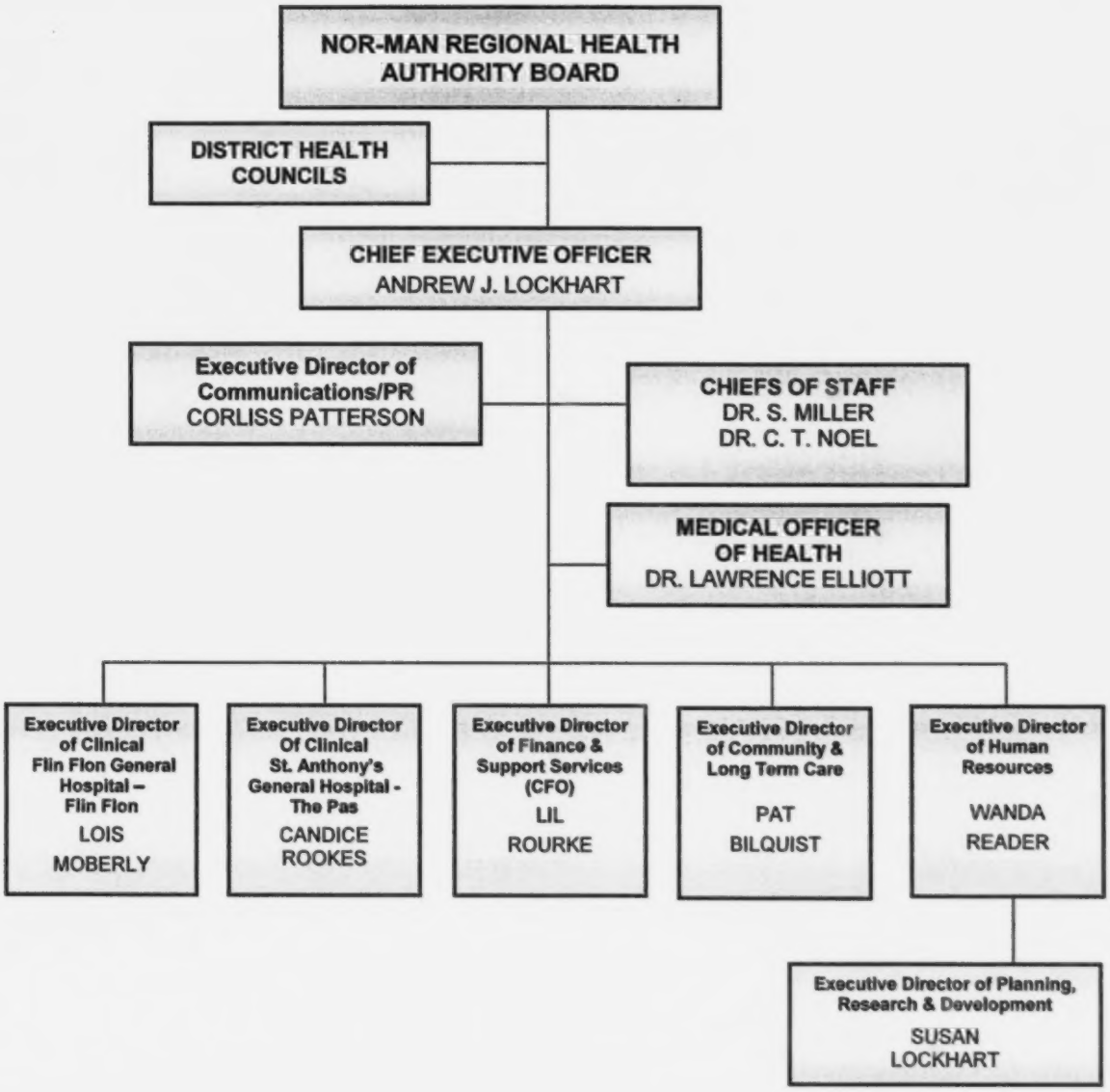
Our Mission

Healthy People in Healthy Communities
"Working Together To Improve Our Health"

NOR-MAN REGIONAL HEALTH AUTHORITY

Organizational Chart

2009-2010


NOR-MAN REGIONAL HEALTH AUTHORITY BOARD
DISTRICT HEALTH COUNCILS
CHIEF EXECUTIVE OFFICER
ANDREW J. LOCKHART
Executive Director of Communications/PR
CORLISS PATTERSON
CHIEFS OF STAFF
DR. S. MILLER
DR. C. T. NOEL
MEDICAL OFFICER OF HEALTH
DR. LAWRENCE ELLIOTT
Executive Director of Clinical Flin Flon General Hospital – Flin Flon
LOIS MOBERLY
Executive Director Of Clinical St. Anthony's General Hospital - The Pas
CANDICE ROOKES
Executive Director of Finance & Support Services (CFO)
LIL ROURKE
Executive Director of Community & Long Term Care
PAT BILQUIST
Executive Director of Human Resources
WANDA READER
Executive Director of Planning, Research & Development
SUSAN LOCKHART

A Message from Doug Lauvstad
Board Chair

September 30, 2010

The Honourable Theresa Oswald
Minister of Health
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Ms. Oswald:

On behalf of the Board of Directors, I have the honour to present the Annual Report for the NOR-MAN Regional Health Authority, for the fiscal year ended March 31, 2010.

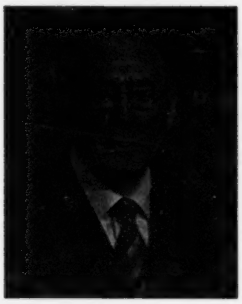
This Annual Report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health and is formally approved at our Annual General Meeting. All material, economic and fiscal implications known as of March 31, 2010 have been considered in preparing the Annual Report.

Respectfully submitted on Behalf of
NOR-MAN Regional Health Authority,

Doug Lauvstad

Doug Lauvstad
Board Chair

A Message from Andrew Lockhart
Chief Executive Officer



September 30, 2010

Mr. Doug Lauvstad
Board Chair
NOR-MAN Regional Health Authority

Dear Mr. Lauvstad:

It is my pleasure to submit the 2009 / 2010 Annual Report for the Board's consideration.

On behalf of the NOR-MAN Regional Health Authority (NRHA) I would like to acknowledge the extra funding we are now receiving from Manitoba Health for our Northern Patient Transportation Program. We will be challenged however to maintain our current spending levels and attempt to reduce the accumulated deficit created by this program during the past ten (10) years.

Physician Resources continue to be a challenge for the region especially in Flin Flon. We are optimistic however the new clinic model at the Flin Flon General Hospital will help us with the recruitment and retention of physicians in the future. Assets such as new state of the art equipment and the implementation of advanced access and electronic medical records will help create an efficient environment for physicians to see more patients and enjoy their practice.

A stronger linkage to our smaller communities is essential for us to assist in health services delivery. Both the communities of Grand Rapids and Easterville have installed new Telehealth equipment. We are hopeful that Telehealth will be a reality for all communities in our region in the not to distant future.

The NRHA entered into an exciting long term agreement with the Town of The Pas to be an integral partner in The Pas Wellness Centre. The centre opened October 2009. The centre serves as an additional access point to Regional Health Authority Services including a Physiotherapy Clinic and two office spaces that currently house a Primary Health Care Nurse and Regional Community Health Developer/Healthy Living Coordinator.

We have just undergone a year of extensive consultation with our residents and key stakeholders throughout the region. Our Community Health Assessment (CHA) process involves staff, physicians, community/regional partners and community residents in a number of various consultation activities. This will form the basis for a new 2011-2016 (5 year) Strategic Plan.

Finally I would like to this opportunity to thank the Board of Directors and all our staff for the hard working efforts and dedication to patient safety.

Sincerely,

Andrew Lockhart
Chief Executive Officer

BOARD PROFILES

Doug Lauvstad - The Pas

Doug is currently the Executive Director, of the Northern Manitoba Sector Council, an association of northern Manitoba largest industry sectors (mining, forestry, energy). He was seconded to the council in 2007 from his position as Executive Director, The Pas Campus at the University College of the North. During his 19 years at the University College of the North (formerly Keewatin Community College) he has held a number of senior management and administrative positions, notably in executive management, administration, marketing and communications. He is also a member of The Premier's Economic Advisory Council, North Forks Economic Development Commission and Norman Regional Health Authority Board of Governors. Born and raised in The Pas, Doug has a keen interest in northern economic and social issues. He has an MBA from Athabasca University (2002).

Doris Habermann – Flin Flon

Doris retired in 2001 after 40 years of nursing, 30 years of it in Flin Flon. She is a former Board member of Manitoba College of Licensed Practical Nurses, Manitoba Nurses Union, Flin Flon Crisis Centre and Women's Shelter, Keewatin Community College and the former President of Flin Flon Nurses Union. Doris has served/chaired many committees, i.e. Workplace Health & Safety, Political Action, Education, Governance, Ownership Linkage. She is presently Treasurer of Flin Flon NDP Association, Treasurer for Flin Flon & District Labour Co-Ordinating Committee, regional rep to Congress of Union Retirees of Canada (CURC) and a Volunteer on Manitoba Safe Workers of Tomorrow Education team. Doris is very active on committees dealing with women's issues and people living with disabilities and is committed to life-long learning.

Allan Rivard - Laronge, SK

Allan Rivard of La Ronge, Saskatchewan is a Director on the Mamawetan Churchill River Regional Health Authority Board in Saskatchewan. Allan was a former Area Director for the Northern Region 1 of the Métis Nation – Saskatchewan. He has chaired the Jim Brady Development Corporation and the Northern Development Board and is currently Secretary-Treasurer for the Keewatin Career Development Corporation. Allan was also a founding member of the local chapter of the Inter-provincial Association of Native Employment.

Dan Davie - Wanless

Dan retired after thirty-two years of being self-employed in the tourism and food service industries in northern Manitoba. He entered into municipal politics in 1995 and still continues today. He is President of the Community Development Corporation, Vice-Chair of Kelsey Conservation District, Director for Manitoba Conservation District Association, Secretary-Treasurer of Cedar Lake Community Futures, Director of Community Futures Partners in Manitoba, Director of The Pas & Area Recycling Center, 1st Vice-President for the Norman Regional Development Corporation, Co-Chair for Highway 283 Task Force which links Northern Manitoba to Western Canada and Director for the Hudson Bay Route Association.

Stella Neff - Grand Rapids

Stella is a retired educator, having worked in many areas of education which included, English Language Enrichment Consultant, Principal, Cree Language Co-ordinator and classroom teacher at most levels. Stella also worked as Student Co-ordinator for the PENT Program at Brandon University. She is presently the Chair for the Council of Elders, University College of the North. Stella has served on many committees and Boards which include, The Indian and Métis Friendship Center, Association for Community Living, Chair for Fetal Alcohol Syndrome Steering Committee, Parkland Mental Health Council and Manitoba Teachers Society Equality in Education Committee.

Gretta Redahl - Flin Flon

Throughout the years of community service Gretta has come to respect and applaud the individuals that have contributed to the valiant effort of bringing forward visions for the good of the whole community. Gretta believes that in the nineteen years of work as Administrator of the Flin Flon Public Library she has had the opportunity to work in a variety of multi-discipline organizations such as Greenstone Community Futures Economic Development board, Co-Founder of the Healthy Flin Flon, Member of the Provincial and National Healthy Communities Networks, Director Chamber of Commerce, Chair of the Steering Committee Northern Neighbours Foundation for the future generation of six Northern Communities. She was also a Member of the Manitoba Library Association, Member on the Canada Task Force on Rural and Remote Ministries for the Presbyterian Church of Canada. The experiences gained from the exposure and lessons learned in the above - taught Gretta that only when people create the will to work together in a cooperative manner - success of the completed vision will be accomplished.

Marie Jebb - Opaskwayak Cree Nation

Marie Jebb is from the Opaskwayak Cree Nation She received her Bachelor of Nursing Degree from the University of Manitoba and completed the Northern Community Nursing Program at McMaster University in Hamilton, Ontario. Marie has been employed with the Opaskwayak Cree Nation under the Health Department since 1975. She is passionate about promoting the cultural values and beliefs of her community, recognizing the significance of cultural values and beliefs and their potential implications in terms of care, treatment, and education.

Vivian McKenzie - Cranberry Portage

Vivian has been a teacher since 1992, and currently teaches Adult Education and monitors Apprentice Programs at Frontier Collegiate in Cranberry Portage. Vivian has lived in Cranberry since 1998 and has worked with teenage and single parent families as part of the education program. She has volunteered for a number of community projects and was a board member and chair of the Child/ Family Resource Centre in Cranberry until 2006. Vivian has always been interested in health matters and taught women's health and wellness and parenting skills as part of her adult program. She has two grown children and was involved with many community activities in Brandon where they lived for 17 years prior to moving to the Norman Region. Vivian spent one year teaching in Sherridon, MB in 1995 and two years on the Ebb & Flow Reserve near Ste. Rose.

Ernie Hunt - Pukatawagan

Ernie is from Highrock and a member of the Mathias Colomb Cree Nation. With a wide range of training, he has had an extensive and diverse work history both on and off the community of Pukatawagan. He takes great pride in contributing to "bridge-building" initiatives leading to better working relationships for First Nations people. Past volunteer commitments have included service in Tribal Health Councils; Legal Aid; and the United Way as well as fundraising for school projects. At this time, the main focus is on the grandchildren who enjoy spending their summers being "at camp" learning about nature and the way we used to live as strong, proud, and spiritual family clans.

John Marnock - The Pas

John was appointed to the Board in April, 2008. He currently sits as Board Treasurer and also Chair of the Audit Committee. He previously was a Board Member from 2001 to 2007 and sat as Vice – Chair. John retired in 2006 after 32 years in municipal government. He was Chief Administrative Officer for the Town of The Pas prior to retirement. He is a past Northern Director of the Manitoba Association of Municipal Administrators. John currently sits on the Complaints Committee of the College of Physicians & Surgeons of Manitoba. John and his wife Sheila have 3 children and 5 grandchildren.

Doris Young - Opaskwayak Cree Nation

Doris Young is a member of the Opaskwayak Cree Nation and is the Advisor to the President on Aboriginal Affairs at the University College of the North (UCN) in The Pas, Manitoba. In her professional capacity, she has traveled extensively throughout Manitoba for many years, becoming very familiar with the Aboriginal communities, particularly those in the North. Doris has also devoted much of her own time to community volunteer work because she believes that this is where we can make a difference in the lives of the people and the communities.

She was the first President of the Indigenous Women's Collective of Manitoba, and was recently honored with the Circle of Fire Aboriginal Women's Award for her community work. She was also the Senior Researcher of the Manitoba Aboriginal Justice Inquiry (AJI) and was then appointed an Elder of the AJI Implementation Commission. She is a past member of Board of Governors for University of Manitoba and the Health Science Centre, Winnipeg, Mb. and sits on other volunteer boards at the Opaskwayak Cree Nation. Doris holds a B. A. (Honors) and an M.P.A. from the U of M.

Marion Milner - Cranberry Portage

Marion Milner is a retired R.N. and has lived in Cranberry Portage for the past 45 years. During this time she has been involved in the Cranberry Portage ambulance as both and instructor and attendant. She is a member of the Town Council and Chair of the town Planning Committee. Marion has also implemented and run a single parent residence program; worked as a nurse in the Pas and Flin Flon and as a home care nurse in Cranberry Portage. She also has several years experience in managing the Physician Clinic in Cranberry Portage. At the present time she is a casual employee of Frontier Collegiate. Marion is extremely interested in healthcare and care of the elderly in their own homes.

Beverley Atkinson - Snow Lake

Bev is the Community Development Officer in Snow Lake and promotes tourism and business development. She has enjoyed being the Executive Director for the provincial organizations of UNICEF and Associated Manitoba Arts Festivals, and travelled most of the province organizing fund raising for the Canadian Diabetes Association. Bev has served on many volunteer boards and committees, and works with most of the organizations in Snow Lake. Travelling, golf and walking are some of her favourite activities.

Senior Management Team

The senior management structure (see organization chart page) has seen one change since the last Annual Report. Bill Knight, Executive Director of Professional Development retired in November 2009. Due to fiscal restraints, this position was not filled and his portfolio was divided amongst the Senior Management team as follows:

Snow Lake Health Centre - reports to Lois Moberly, Executive Director of Clinical Services. Flin Flon General Hospital.

Staff Education - reports to Wanda Reader, Executive Director of Human Resources.

Emergency Medical Services - reports to Corliss Patterson, Executive Director of Communications, who also has now has the responsibility for Emergency Preparedness for the region.

Telehealth - reports to the Executive Directors of Clinical Services of Flin Flon General Hospital and St. Anthony's General Hospital for day-to-day operations and to Drew Lockhart, CEO on other regional initiatives

Pharmacy Services - reports to the Executive Directors of Flin Flon General Hospital and St. Anthony's General Hospital for day-to-day operations and to Drew Lockhart, CEO on other regional initiatives.

DISTRICT HEALTH COUNCIL MEMBERSHIP

Flin Flon DHC
Laurel Mackie (Chair)
Jean Putko
Linda Lautamus
Charlene Logan
Brenda Russell
Colleen Arnold
Katie Kawerski

The Pas DHC
Gladys Thorne (Chair)
Kim Gurba
Audrey Maksymchuk
Cindy Nordick
Hazel Hyde

Easterville DHC
Ethel McKay (Chair)
Sherri Packo
Diane Constant
Raymond Mink

Moose Lake DHC
Elsie Cooper

NOR-MAN REGIONAL HEALTH AUTHORITY

Snow Lake DHC
Betty Rudd (Co-Chair)
Anne Marie Butt (Co-Chair)
Barb Elliott
Judy Steeves
John Humeniuk
Jackie Wheeler
Maxine Dodds
Margaret Yoder
Wanda Huff

Cranberry Portage DHC
June Haybittle (Chair)
Jessica Richardson
Melvina Dysart
Debbie McLauchlan
Dolores Samatte
Kelly Jacobson
Elise Morin

Grand Rapids DHC
Randy Huff (Chair)
Alice T. Cook
Connie Young
Arnold Ballantyne

Cormorant DHC
Marcella Fenner
Edie Turner
Doreen Wishart

DISTRICT HEALTH COUNCILS

There were no changes to the District Health Council structure in 2009-10. There continue to be eight District Health Councils in the region. District Health Councils are an important link between the communities they represent and the NRHA Board and staff. Their purpose is to:

- Advise and assist the Board of the NRHA on community health issues and priorities;
- Actively participate in local health initiatives; and
- Be a liaison between their community and the NRHA Board of Directors.

District Health Councils meet monthly from September to June and consist of community members who are appointed by and report to the NRHA Board of Directors. Each DHC is assigned a staff liaison and a NRHA Board representative. Each year, we endeavor to hold a Retreat for the Board, District Health Councils, Board and Senior Management. There was no retreat held in 2009-10 as one was planned for April 2010 after the Community Health Assessment was completed. All District Health Councils were involved over the past year in our Community Health Assessment process and assisted with our community consultation activities.

District Health Councils have initiated a number of health promotion/ education events based on community priority areas. Each District Health Council receives $750 to use towards their planned activities. The following outlines their accomplishments this past year:

- **Flin Flon** – hosted an Estate Planning community presentation; sponsored Christmas at the Zoo, a Christmas gift program at Northern Lights Manor and Flin Flon Personal Care Home, Women of Honour Awards and Breakfast with Santa; and purchased Emergency Response Information Kits to distribute to the community.
- **Cranberry Portage** – sponsored Elementary School's Nutrition Program, Grace Church Youth group purchase of healthy snacks, the Jubilee Recreation of Cranberry Portage purchase of healthy snacks, the Roman Catholic Church's Christmas Hamper program and sponsored the Elementary School's Gardening Project.
- **Snow Lake** – sponsored a Family Social during the Winter Whoot Festival and a healthy nutrition program for youth at Joseph H. Kerr School; and contributed towards the purchase of a treadmill for community use.
- **Easterville** - Plans underway for an essay contest raising awareness surrounding Chronic Disease.
- **Grand Rapids** - Assisted with Culture Camp for youth and a community garden that was established in the community; and partnered with MB Hydro's fishing derby and awareness day for the Heart and Stroke Foundation.
- **The Pas** - Updated the DHC community pamphlet and prepared it for distribution; and scheduled presentations from: Supporting Seniors in Group Living and the Supportive Housing strategy, The Pas Homeless Shelter, H1N1, Quality Scorecards and ongoing RHA programs.
- **Cormorant** - Sponsored healthy snacks during track and field day at Cormorant Lake School and a barbeque for Métis Days.
- **Moose Lake** – did not use money this year

FUTURE STRATEGIES...

- Ongoing recruitment of new members.
- Participate in Retreat to release the findings of the Community Health Assessment
- Continue to advise and assist the Board and the NRHA on community health issues and priorities.
- Develop an annual priority plan to set priorities and guide operations.
- Ongoing participation in the ongoing CHA process and community consultation activities including hosting Community Report Back sessions on the CHA and Strategic Plan.

MISSION

Healthy People in Healthy Communities

"Working Together to Improve Our Health"

RHA BOARD

Doug Lauvstad, Chair *(The Pas)*

****Beverley Atkinson** *(Snow Lake)*

Dan Davie *(Wanless)*

Doris Habermann *(Flin Flon)*

Ernie Hunt *(Pukatawagan)*

Marie Jebb *(OCN)*

John Marnock, Treasurer *(The Pas)*

Vivian McKenzie *(Cranberry Portage)*

****Marion Milner** *(Cranberry Portage)*

Stella Neff *(Grand Rapids)*

Gretta Redahl *(Flin Flon)*

Allan Rivard *(Laronge, SK)*

Doris Young *(OCN)*

*****Appointed April 2010*

VALUES

- Dynamic, innovative, realistic, inclusive and stable leadership.
- Honesty, respect, truthfulness and effective, open communication with those we work with and serve.
- Informed choices for people and personal responsibility for health, wellness & safety.
- Being responsive to the unique needs of individuals & communities;
- A fundamental quest for excellence in all facets of the organization;
- The person's right to informed, participatory decision making;
- The person's right and need for confidentiality of information;
- Innovative, cost-effective approaches in an evidence-based environment;
- Proper accountability and prudent expenditure of public funds; and
- Personal and professional growth and development for Board and staff to meet emerging challenges.

Board Ends & Strategic Priorities

The NRHA Board of Directors has set out 4 Board Ends and related Strategic Priorities for the NRHA:

HEALTHY COMMUNITIES

- *Increased public awareness of health care services.*
- *Increased resident involvement in activities that promote healthy lifestyles & personal well-being.*
- *Increased awareness of illness caused by physical environmental factors.*
- *Increased culture of trust, cooperation and strong partnerships with Aboriginal groups, community agencies & other jurisdictions responsible for health.*
- *Increased understanding of regional health needs.*

OPTIMAL ACCESS TO SERVICES

- *Increased on-site resources in our outlying communities.*
- *Improved access to service through primary health care.*
- *Increased knowledge of Primary Health Care.*
- *Increased specialty services and programs based on demonstrated need & cost effectiveness.*
- *Maintenance & improvement to our infrastructure.*
- *Increased use of technology.*
- *Increased awareness NPTP.*
- *Reduced jurisdictional barriers to improve access to services.*

HEALTHY PEOPLE

- *Decreased incidence & prevalence of chronic illnesses (including but not limited to Diabetes, tobacco-related illness, Cancer, Cardiovascular, Renal).*
- *Increased awareness of Mental Health and Co-occurring Disorders initiative (CODI) and expansion of services accordingly.*
- *Reduced incidence of suicides.*
- *Decreased incidence & prevalence of addictive practices and behaviors.*
- *Improved infant/ child/ youth health & promotion of healthy lifestyles.*
- *Reduced incidence of injuries & poisonings.*
- *Improved women's health & promotion of healthy lifestyles.*
- *Improved men's health & promotion of healthy lifestyles.*
- *Improved senior's health & promotion of healthy lifestyles.*

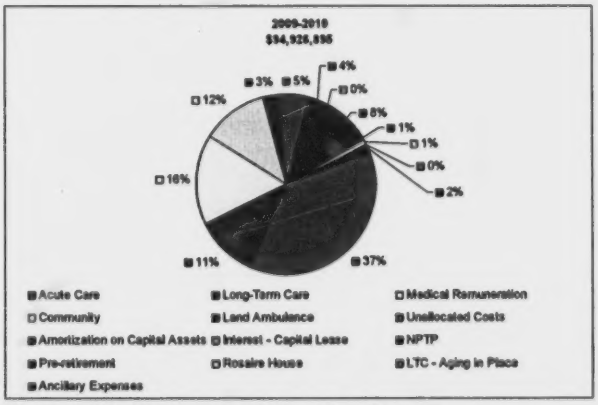
EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

- *Ensure safety and quality of care by:*
  - *Creating a culture of patient safety;*
  - *Coordinating services across the continuum; and*
  - *Creating a work life and physical environment that supports the safe delivery of care.*
- *Ensure accountability within the health system.*
- *Ensure evidence-based decision-making is used throughout the organization.*
- *Ensure sustainability within the health system by:*
  - *Optimizing the efficiency and effectiveness in the use of resources;*
  - *Ensuring an adequate and skilled workforce; and*
  - *Developing northern Human Resources*

BOARD GOVERNANCE

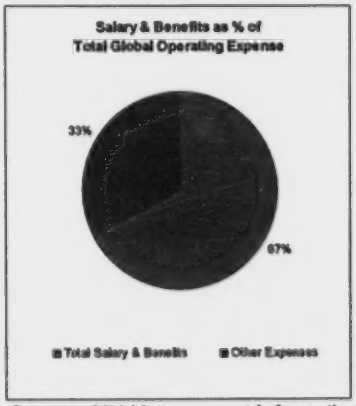
- **Community Health Assessment** – 2009/10 CHA completed and based on this report the Board will be developing their 2011-16 Strategic Plan which is to be submitted to Manitoba Health in December 2010. See **Performance Story *Community Health Assessment Consultation* on Page 16.**
- **Health Plan** – Approved by the Board and submitted to Manitoba Health in June each year.
- **Board Self-Evaluation** - The Board conducts an annual self-evaluation which is used to identify areas and strategies to improve Board performance.
- **District Health Councils** – The Board appoints a Board liaison on each DHC to ensure a strong linkage to our communities.
- **Board Meetings** – Board meetings are open to the public and advertised on our web-site. Minutes of Board meetings are also posted on the NRHA web-site.
- **Board Committees** – The following Committees are in place:
  - *Audit Committee*: The primary function of this committee is to assist the board in overseeing that the NRHA Management maintains:
    - an adequate system of internal controls,
    - the integrity of the NRHA's financial statements, and
    - processes to ensure compliance by the RHA with all applicable legal and regulatory requirements and NRHA policy.
  - *Planning & Program Committee:* The primary functions of this Committee is to:
    - identify a list of the ongoing educational needs of the Board and its members.
    - identify alternatives and implications for the Board's consideration regarding how to meet its education and development needs.
    - identify policy alternatives and implications for the Board's consideration as requested by the Board.
  - *Public Affairs Committee:* This committee is the Board as a whole and its primary function is to:
    - apply the principles of Continuous Quality Improvement (CQI) in order to examine and address ways to improve the services we offer clients through improved leadership and through the development and maintenance of partnerships with clients, staff, key stakeholders, and the communities.
  - *Executive Committee:* The primary functions of this Committee is to:
    - make urgent decisions on behalf of the Board only when it is not feasible to convene a Board meeting.
    - identify alternatives and implications for the Board's consideration following review of reports regarding perceived breaches of the Bylaws.
    - identify alternatives and implications for the Board's consideration on any matter directed by the Board.
  - *Governance Team:* This committee is the Board as a whole and its primary function is to:
    - represent the Board in the Accreditation Canada survey process through the Governance CQI Team in May 2011.

FIGURE 1 % OF ALLOCATION OF TOTAL EXPENSES BY PROGRAM AREA



Source: MH Management Information System

FIGURE 2 SALARY & BENEFITS AS % OF TOTAL GLOBAL OPERATING EXPENSE



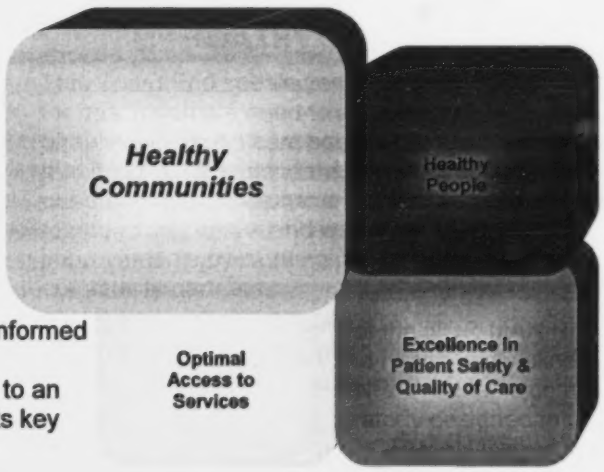
Source: MH Management Information System

BOARD ENDS STATEMENTS

The NOR-MAN Regional Health Authority's Mission is "Healthy People in Healthy Communities – Working Together to Improve Our Health".

To achieve this Mission a focus on wellness is critical. The Board developed 4 Ends Statements to meet our Mission as follows:

HEALTHY COMMUNITIES



This Board End speaks to the collective responsibility for health and the need to increase public awareness of available health care services. It also recognizes that in order to improve the health of our people and our communities, we have a collective responsibility for improving health and we can achieve improvements by working in partnership with our community partners.

We strive to keep residents of the NOR-MAN Region informed about their health system and health and wellness opportunities. As such, the NRHA remains committed to an effective communications strategy designed to reach its key audience – residents of the NOR-MAN Region.

STRATEGIC CHALLENGES...

- *There is a need to increase resident knowledge of available health care services. As many of our health issues relate to lifestyle, resident's ability to take responsibility for their own health and for making good healthy living choices is critical.*

OPERATIONAL CHALLENGES...

- ***District Health Councils*** *– recruitment of new members continues to be a challenge.*
- ***Recycling*** *- Recent financial issues for the recycling centres have resulted in decreased or discontinued pick up to NRHA facilities, making recycling efforts difficult to maintain.*
- ***Jurisdictional Issues*** *– We do not have jurisdiction to provide community-based health services on reserve. Ongoing partnerships continue to be a priority.* **See Performance Story *Manitoba Métis Federation - Knowledge Networks* on Page 15.**

ACCOMPLISHMENTS...

- **Communications** - Communications is now a subcommittee of Human Resources CQI Team. The Committee's focus has been on analyzing and addressing the Work Life Pulse Accreditation Report that specifically speaks to "communication" in our organization. Staff focus groups were held to discuss communication concerns "what is working and what is not" and what actions should be taken to address concerns where possible.

- **NRHA Services Overview** - A NRHA Service Chart providing a summary of all programs and services by community is developed annually and circulated to partnering agencies and posted on our website.
- **NRHA Website** – We have a public website in place and it is regularly updated. All NRHA public documents are posted on the website: www.norman-rha.mb.ca
- **Green Team** - A Green Team was established to replace the previous Environment CQI Team. The team has developed a Green Strategic Action Plan that focuses on 9 key strategies:
    1. Making environmental stewardship part of our ongoing business.
    2. Continually improving our performance in environmental stewardship.
    3. Demonstrating responsibility to our stakeholders.
    4. Conserving, reusing and recycling.
    5. Reducing and disposing of waste in a safe manner.
    6. Buying safe and sustainable products.
    7. Constructing green building
    8. Reducing energy costs and greenhouse gas emissions.
    9. Minimizing environmental risk to the organization and communities.
- **Energy Project** – Project is now complete and energy monitoring is currently underway. Our Energy Project has been featured at numerous external presentations and in a number of publications including HealthCare World.
- **Partnerships** - Senior Management and staff sit on a number of intersectoral partnership committees throughout the region including The Pas Wellness Centre Committee, The Pas Homeless Shelter, the NOR-MAN Regional Parent Child Coalition, Chronic Disease Prevention Initiative (CDPI), Children's Therapy Initiative (CTI), Child Abuse Team, the Baby Friendly Initiative, Manitoba Métis Federation Knowledge Exchange Network, Swampy Cree Tribal Council Round Table, Northeastern Saskatchewan Stakeholders Circle Committee and Northern Healthy Foods Initiative, to name a few. **See Performance Story *Chronic Disease Prevention Initiative* on Page 18.**
- **The Pas Wellness Centre** - The Wellness Centre opened October 30, 2009. Primary Health Care and Physiotherapy staff began working with the Wellness Centre immediately upon its opening, providing a wide variety of programs and services. **See Performance Story *The Pas Wellness Centre* on Page 17.**
- **Community Health Assessment** - We have completed our third Community Health Assessment in April 2010. Our report analyzed both qualitative and quantitative data including a series of consultation activities with staff, community partners and residents who access NRHA programs and services. **See Performance Story *Community Health Assessment—Consultation* on Page 16.**
- **Grants** - Considerable effort has been made by NRHA staff and other external community partners to obtain external grants for priority initiatives within the region. In 2009-10, $1,665,768 in grants was obtained. **See *NRHA Partnerships - Grants* Figure 1 on Page 14.**

FIGURE 1 NRHA PARTNERSHIPS – GRANTS

External Grants Administered by the NOR-MAN Regional Health Authority		
Nature Grant	**Grant Source**	**2009/10 Grant Values**
Community Health Assessment	Manitoba Health	$53,400
Aboriginal Health & Human Resources Initiative (AHHRI)	Health Canada First Nations Inuit Health	$80,000
P.A.R.T.Y. Program	Community Donations	$1,536
Children's Therapy Initiative	Healthy Child Manitoba	$161,600
International Women's Day	Saskatchewan Labour Status of Women Office	$850
Employment Grants	Service Canada	$6,460
Office of Rural & Northern Health – Summer Student	Office of Rural & Northern Health	$1,396
Support Services in Group Living	Manitoba Health	$76,619
Suicide Prevention - The Pas & Flin Flon	Manitoba Health – Mental Health Special Projects	$25,000
InSight Mentor Program - The Pas	Healthy Child Manitoba	$167,000
InSight Mentor Program - Flin Flon	Healthy Child Manitoba	$75,000
Teen Health Services	Healthy Child Manitoba	$75,000
URIS	Manitoba Health	$15,489
Retinal Screening Program	Manitoba Health	$136,237
Retinal Screening - FNIH	Health Canada First Nations Inuit Health	$59,900
Families First	Healthy Child Manitoba	$324,500
Play It Safer Network	Public Health Agency of Canada Manitoba Health	$102,500
Container Gardening Project	HEIFER International	$2,594
Flin Flon FASD Committee	Parent/Child Coalition	$2,000
In-Motion	Manitoba In-Motion	$15,000
Total		**$1,382,081**

External Grants - Administered by External Service Providers		
Nature Grant	**Grant Source**	**2009/10 Grant Values**
Chronic Disease Prevention Initiative (CDPI)	Manitoba Health Public Health Agency of Canada	$107,087
Parent/Child Coalition	Healthy Child Manitoba	$153,000
Northern Healthy Foods Initiative	Manitoba Aboriginal and Northern Affairs	$23,600
Total		**$283,687**

Source: NRHA Grant Funding Confirmation Letters

PERFORMANCE STORY
MANITOBA MÉTIS FEDERATION - KNOWLEDGE NETWORKS

The *Profile of Métis Health Status and Healthcare Utilization in Manitoba: A Population-Based Study* Report will be released in June 2010. This report is the first study that looks at the health of the Manitoba Métis population at both the RHA and the Manitoba Métis Federation Regional levels.

Collaboration between the Manitoba Métis Federation (MMF), Manitoba Centre for Health Policy (MCHP), and Manitoba Health (MH) resulted in the Manitoba Métis Atlas.

The overall purpose of the Métis Atlas Report is to examine population-based indicators of health status, health care use, and social determinants of health to answer the following two (2) questions:

1. Are there differences between Métis and other Manitobans based on where they live?
2. Are there differences amongst Métis, based on the Métis Regions where they live?

We are excited about this new data - and also, our participation on the MMF The Pas Region Knowledge Network. This discussion table met for the first time on December 9, 2009 and continues to meet on a regular basis. Our participation on the Knowledge Network has provided us with a clear picture of the health status of a specific portion of our population; our Métis residents.

The MMF used a Métis-specific wellness-oriented holistic process to interpret the Métis Atlas Report results. The Knowledge Network has reviewed the *Métis Atlas* information, plus additional meaning has been added from the Métis citizen focus groups, academic publications, and other sources.

This is just the start of our understanding and use of this new information. As we move forward, the Métis Atlas Report will be extremely useful in our effort to improve the health and well-being of the Métis population living in the NOR-MAN region.

PERFORMANCE STORY
COMMUNITY HEALTH ASSESSMENT - CONSULTATION

The health of NOR-MAN residents is affected by many factors that together contribute to the overall health of our region, our communities, and our residents. Our third Community Health Assessment (CHA) report is being released in April 2010. Although the report shows that we have experienced many positive improvements, there are many health issues/ challenges that we must continue to address.

An integral part of developing our Community Health Assessment report was dialoguing with our staff, physicians, community/regional partners and community residents. Together with the data we reviewed, we strongly believe that community consultation is critical in helping us to understand and paint our picture of the needs and issues that need to be addressed. The following consultation activities were conducted in 2009/10:

- Force of Change Assessment – sessions held in 10 communities
- Key Knowledge Interviews – 30 interviews
- Key Informant Interviews – 25 interviews
- Women's Health Focus Group – in conjunction with the Prairie Women's Health centre
- Regional Youth Health Survey – 1763 students in grades 6-12 participated
- Health System Performance Survey (Staff) – 33% response rate
- Health System Performance Survey (Physicians) – 54% response rate
- Health System Performance Survey (Community Partners) – 26% response rate

During our 2009/10 CHA consultation activities, a number of key issues / needs were identified including:

- Chronic Disease Prevention and Management - Diabetes, Heart Health and Cancer
- Health Promotion and Education
- Mental Health and Mental Wellness Promotion
- Access to Services – in particular, access to physician and specialty services
- Healthy Child and Youth Development
- Addictions - alcohol and drug abuse
- Communications - both internal and external
- Physician and Staff shortages
- Travel Issues - at both a regional and provincial level
- Economic Stress

Our 2009/2010 NRHA Community Health Assessment will provide the foundation to guide the development of our new Strategic Plan (2011 – 2016). We are hopeful that our NRHA Community Health Assessment process will continue to keep us (community residents and NRHA staff) talking about where we are and where we hope to be in the future.

Our 2009/2010 Community Health Assessment Report can be found on our website at www.norman-rha.mb.ca. A four page summary of the report is provided as an insert in our Annual Report and also can be found on our website.

PERFORMANCE STORY
THE PAS WELLNESS CENTER

The NOR-MAN Regional Health Authority entered an exciting long term agreement with the Town of The Pas to be an integral partner in The Pas Recreation & Wellness Centre. The Centre opened October 2009. The centre serves as an access point to regional health services including a physiotherapy clinic and two office spaces that currently house a Primary Health Care nurse, a Regional Community Health Developer/ Healthy Living Coordinator and the opportunity to house a third staff person for future expansion.

The NRHA continues in its commitment to chronic disease prevention programs and healthy living strategies with our goal being that of reducing chronic diseases such as diabetes, heart disease, stroke, cancer and lung and kidney disease. Chronic Disease Prevention/Healthy Living focuses on promoting the four controllable risk factors which include healthy eating, physical activity, smoking awareness/reduction and mental well-being. The Centre has become an exciting focal point for positive change, working with people in their journey towards making sustainable changes in their lives and improving their health in a supportive built environment.

Over the past year, staff of the NOR-MAN RHA has offered a wide range of programming through the Wellness Centre since the opening in October. The following are a few examples:

- Ticker Challenge
- Heart to Heart
- STEP Program (Start to Exercise with Physio)
- Get Better Together! Program
- Stress Management
- Healthy Eating
- Quit Smoking Programs
- Blood Pressure Clinics
- Physiotherapy Outpatient Services

NRHA staff has also increased health information messaging through the use of the television in the waiting area, which continuously cycles a slideshow containing health messaging and program information, bulletin boards, and educational displays which have included information on a variety of health topics.

The partnership with the The Pas Wellness Centre has increased access to a whole range of people in the community who might not have otherwise been able to access these services and programs. The ongoing partnership and coordinated responses to addressing the four modifiable risk factors will only serve to improve the overall health and wellness of the community in new and innovative ways. In addition it has created an opportunity to discuss an overall wellness focus for all community partners to begin to coordinate future programming for the community and surrounding areas. For example we were able to share the "Healthy Eating Best Practice for Concessions in Recreational Facilities" thus impacting on more than just the Wellness Centre facility. We expect other opportunities for encouraging sustainable health change will continue to present themselves as a result of this continued partnership.

> "*Preventing and managing chronic health conditions is everyone's business…. currently more than 9 million Canadians or 1/3 of all youth and adults in Canada have one more chronic health conditions. These conditions affect well being and quality of life and represent a significant and growing health care and economic burden for Canada.*" The report concluded that to solve this it;…..requires a shift from a "*find and fix it*" culture to a "*prevent it, find it, and manage it*" culture. (A Health Outcomes Report, Why Health Care Renewal Matters, December 2007).

PERFORMANCE STORY
CHRONIC DISEASE PREVENTION INITIATIVE (CDPI)

The Chronic Disease Prevention Initiative has celebrated its fifth year of operation. The successes of this initiative continue with great strides. Throughout the year (April 2009-March 31, 2010) we had projects running out of District 1 (Flin Flon, Cranberry Portage, and Snow Lake) District 2 (The Pas, OCN and the RM of Kelsey) and District 3 (Grand Rapids, Cormorant) with $45,700 in community project grants alone having gone out to community partners.

These projects have continued to focus on chronic disease prevention and healthy living strategies with the overall goal being that of promoting the four controllable risk factors which include healthy eating, physical activity, smoking awareness/reduction and mental well-being. Youth and high needs populations continue to be an important focus.

Community partners in these projects continue to include dedicated individuals and organizations ranging from Schools, Youth Mentors on Tobacco Tackle Teams, Seniors groups, Flin Flon Food Bank, Flin Flon and The Pas Recreation, Community/Parent committees, sports clubs, Family Resource Centre's, Indian-Métis Friendship Centre; Manitoba Métis Federation, Women's Resource Centre, Youth Centre's, local Schizophrenia Society/Canadian Mental Health Association, and First Nations groups to name a few.

CDPI continues to be a valuable community based, community lead, RHA supported approach to chronic disease prevention and healthy living. This pilot project will be undergoing an evaluation that is to be completed during the upcoming transition year with the hope that it will receive ongoing funding for future community programming.

HEALTHY COMMUNITIES FUTURE STRATEGIES...

- **Communications** – We will continue to work on strategies to increase resident knowledge of available health services. This was identified as an area of concern in the Community Health Assessment.
- **District Health Councils** – We will continue to support the operation of District Health Councils (DHCs) in our region. The DHCs will continue to be actively involved in our ongoing consultation efforts and will assist in hosting Community Report Back Sessions on our Community Health Assessment and Strategic Plan in 2010-11.
- **Partnerships** – We will continue to nurture and improve the type and level of intersectoral partnerships
- **Flin Flon Soil Study** - Due to elevated concentrations of some heavy metals in soil in Flin Flon area reported by MB Conservation in 2007, a comprehensive Human Health Risk Assessment is underway. The final report is expected in June 2010.
- **Waste Management Strategy** - A comprehensive waste management strategy is in development and will be implemented in 2010-11.
- **Community Health Assessment** - The results of our Community Health Assessment will guide the development of our 2011–16 Strategic Plan. The report will be widely shared with all staff, regional/community partners and interested individuals.

HEALTHY PEOPLE

This Board End speaks to the many health issues that were identified through the Community Health Assessment on the health status of NOR-MAN residents. It was identified that many of our health issues relate to lifestyle issues and in order to improve health status we need to focus on health promotion and primary prevention.

STRATEGIC CHALLENGES...

- *The NOR-MAN RHA is not mandated to provide all health services in all NOR-MAN communities. A number of other agencies provide health services to residents in the region. If services are not coordinated between the various jurisdictions, it can result in gaps in service, lack of continuity of services and limited access to services in some of our outlying areas. Poor health status of Aboriginal people continues to be a concern. Ongoing partnerships with Aboriginal agencies continue to be a priority.*

OPERATIONAL CHALLENGES...

- ***Diabetes Education Resource*** *- In all of our outlying communities, client appointments for Diabetes Education Resource services have been fully booked, however the number of "no shows" continues to be extremely high. We are continuing to work with the Nursing Stations to try and resolve this challenge.*
- ***Mental Health*** *- Housing Developers continue to assist clients with severe and persistent mental illness to choose, get and keep appropriate housing. They have encountered far more difficulty in this role due to the significant shortage of rental housing in The Pas.*
- ***Rosaire House Addictions Centre*** *- With only four (4) clinicians and the increase in the number of clients with dual disorders poses challenges. We are seeing more clients leaving the program early and completion rates were lower than in previous years as the complexity of issues plus types of mood-altering drugs being used makes it increasingly challenging to group therapy. The need for a CODI Nuse and an Addictions Clinic Assistant has been identified as a critical volume pressure*
- ***Families First Program*** *- It is well documented that 50% of families having to change their Home Visitor part way through the program will actually withdraw. This being the case, The Pas saw a drastic decrease in the enrolment due to staffing shortages. The program continues to have difficulty recruiting into the vacant positions.* **See Performance Story *Families First* on Page 22.**
- ***Speech Language Pathologist*** *– The need for an adult/ geriatric Speech Language Pathologist position continues to be and area of need.*
- ***Audiology*** *– Ongoing attempts to recruit an Audiologist have been unsuccessful.* **See *Average Wait Times And/Or Wait Lists For Specific Programs* Figure 6 on Page 30.**

ACCOMPLISHMENTS...

- **Regional Diabetes Program** - In July of 2009 we were able to add a second DER nurse to our RDP team. We were also finally successful in recruiting a Dietitian to the program in October 2009.
- **Manitoba Retinal Screening Program** - In January 2007, the Manitoba Retinal Screening Vision Program (MRSVP) wait time initiative was undertaken. This project was originally set to end March 31, 2009, but was extended to March 31, 2010. In the 2010/11 budget, Manitoba Health announced ongoing funding for this program, which is welcome news.
- **Smoking Reduction** - The NRHA has a 0.5 EFT Smoking Reduction Coordinator who is responsible for coordinating smoking prevention and cessation in the NOR-MAN region. The Smoking Reduction Coordinator works with individuals and groups of all ages across the spectrum from cessation to prevention and reduction programs. Tobacco Tackle teams have been established in many schools.

- **Northern Healthy Foods Initiative** - In 2009-10, we initiated a partnership with the Northern Healthy Foods Initiative which develops activities and programs dealing with food security issues in the northern communities.
- **Protect Your Pairs** - Funding was received to implement "Protect Your Pairs," an adolescent breast and testicular education program for high school students in our region. "Protect Your Pairs" was the recipient of a Manitoba Health Innovations Award in 2009/10. **See Performance Story *Protect Your Pairs* on Page 24.**
- **Mental Health** - We have seen an increase in funding for specialized positions within the Mental Health and Wellness envelope. We have developed a new position, Child and Adolescent Mental Health Intake Clinician, to streamline the process of engaging in and initiating treatment for children and families in The Pas. In addition, we received funding for a new position of Mental Health Promotion Specialist. This person will work closely with the Regional Community Health Developers to expand health education to the general public and incorporate mental wellness strategies.
- **Suicide Prevention** - The Suicide Prevention committees received grant funding from the Provincial Suicide Prevention Initiative and have accomplished a number of awareness and prevention projects throughout the region. A group of teens from Frontier Collegiate in Cranberry Portage produced a short video about Aboriginal youth suicide which won a national contest and resulted in them taking a trip to Ottawa to receive recognition of their accomplishments. **See Performance Story *Suicide Prevention* on Page 25.**
- **Stop FASD** - The Stop FASD program has recently changed its name and is now InSight Mentoring Program. The program was expanded by Healthy Child Manitoba to include three (3) new sites in Manitoba with the Flin Flon site in operation as of September 2009.
- **Teen Health Clinics** - We continue to see many young clients who are not yet in their teen years and we have continued services to post-high school youth. We are including healthier lifestyle choices education into the service spectrum, to make the healthy choice, the easy choice. **See Performance Story *Teen Health Clinics* on Page 24.**
- **Women's Health** - The 2009 Manitoba Breast Screening report reveals a 59%, 2-year participation rate, in the NOR-MAN region. In 2007-2009, 779 NOR-MAN women were screened on the mobile unit. An increase in the participation rate was reached in five (5) communities including Cranberry Portage, Wanless, Easterville, Cormorant and Grand Rapids. **See *Mobile Breast Screening Rates* Figure 2 on Page 21.**
- **Elder Abuse Video** – The video launch was held in June 2009. The Senior's Team assisted in the development of the video in conjunction with the provincial committee. NRHA is also a part of a pilot project for an Elder Abuse Peer Support Line.
- **Support to Senior's in Group Living (SSGL)** – SSGL program was implemented in the Legion Housing in Flin Flon in June 2007, in Northern View Lodge in The Pas in June 2008 and Hemlock Housing scheduled for May 2010. The program has been developed to prevent premature admissions to Long Term Care and support the "aging in place concept." The program supports the congregate meal program seven days a week, escort service, senior's wellness clinics, senior's education, craft club, monthly newsletter, music therapy, art classes, story telling, blood pressure clinics and "Time of Your Life" oral history / reminiscing program. **See Performance Story *Aging in Place* on Page 25.**
- **Respectful Workplace Strategy** – Program has been implemented within the region which includes a multi-faceted program consisting of the following strategies: (1) Cultural Awareness; (2) Ethics; (3) Virtues Program; (4) Conflict Resolution; (5) Customer Service; (6) Non-violent Crisis Intervention; and (7) Stress Management. Respectful Workplace sessions have been held with all departments within the NRHA. To date, 75 Respectful Workplace sessions have been facilitated and is now offered on a quarterly basis and all new hires must attend.

FIGURE 2 MOBILE BREAST SCREENING PROGRAM RATES

Community	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09
Flin Flon	61%	62%	66%	65%	64%	63%	62%
Channing	36%	25%	46%	58%	46%	40%	40%
Cormorant	32%	50%	54%	61%	63%	63%	66%
Cranberry	52%	46%	50%	52%	56%	55%	61%
Sherridon	17%	46%	33%	0%	14%	22%	10%
Snow Lake	55%	59%	58%	69%	61%	66%	58%
Wanless	44%	58%	65%	60%		67%	
The Pas	60%	60%	54%	52%	62%	60%	59%
OCN	68%	67%	57%	63%	62%	56%	49%
Moose Lake	46%	63%	50%	51%	66%	63%	38%
Easterville	42%	52%	53%	52%	60%	66%	66%
Grand Rapids	40%	44%	44%	46%	39%	40%	40%
Pukatawagan	35%	48%	43%	59%	58%	46%	45%
Regional Total	**57%**	**58%**	**57%**	**57%**	**61%**	**60%**	**59%**

Source: MB Breast Screening Program (MBSP)

The blue highlighted bolded #'s above show the communities that were able to achieve the Canadian goal of reaching 70% of the population of women aged 50 to 69 years every two years

Although we have seen a decrease in participation rates from 60 to 59 percent, it must be noted that this is due to the number of appointments that are available in NOR-MAN. The number of women who are in the 50 - 69 year old age category has increased and there is presently not enough appointments available to reach the 70 percent goal.

FIGURE 3 BREASTFEEDING RATES

% Mothers Initiating & Maintaining Breastfeeding for Four or More Months
Audit of Client Files (1st 6 Months of Each Year)

Community	Year	Total # of births	% Initiating breastfeeding	Of those initiating, % breastfeeding at 4 months
Flin Flon	**2007**	37	25 (68%)	52%
	2008	33	20 (61%)	65%
	2009	**29**	**16 (55%)**	**56%**
The Pas	**2007**	75	36 (48%)	78%
	2008	57	44 (77%)	47%
	2009	**68**	**52 (76%)**	**73%**
Snow Lake, Sherridon, Cranberry Portage, Cormorant	**2007**	14	11 (79%)	45%
	2008	16	11 (69%)	73%
	2009	**14**	**12 (86%)**	**83%**
Totals for	**2007**	126	72 (57%)	64%
	2008	106	75 (71%)	56%
	2009	**109**	**80 (71%)**	**53%**

Source: NOR-MAN Regional Health Authority

This data reflects only communities that under the jurisdiction of the NRHA.
Data is based on manual counts for only the births in the first six months of each year.

According to the January to June 2009 Audit In 2009, 71% of new mothers initiated breastfeeding. Of those who initiated breastfeeding, 53% continued to breastfeed at four (4) months which is slightly lower than the previous year. Of Note: it is 53% of the 80 Mothers that initiated breastfeeding NOT 53% of the Total # of Births.

FIGURE 4 FAMILIES FIRST PROGRAM RISK FACTORS

	NOR-MAN *Overall Rate* 2003-2006	Provincial Overall *Rate* 2003-2006
Alcohol use by mother during pregnancy	26.3%	12.9%
Drug use by mother during pregnancy	9.3%	4.2%
Smoking use by mother during pregnancy	38.2%	21.0%
Maternal depression and anxiety disorder	15.7%	14.1%
Income support or financial difficulties	26.5%	17.7%
Less than Grade 12 education by mothers	30.1%	21.6%
Parents experienced relationship distress	11.0%	3.9%
With three of more risk factors	**40.9%**	24.4%

Source: Healthy Child Manitoba, 2003-2006

The NOR-MAN Regional Health Authority screened the following percentage of families with newborns: 2003 = 98.0%; 2004 = 97.0%; 2005 = 99.0%; 2006 = 99.5%. The above items highlighted in red are statistically different (higher) than the provincial rate and the bolded item is showing a rate.

The early years comprise a significant period of brain development and set the foundation for health and success in all aspects of family life. Healthy Child Manitoba, in partnership with the NOR-MAN Regional Health Authority, attempts to screen all families with newborns for risk factors associated with poor child outcomes - this screening process does not include families from First Nation reserves because of provincial/federal jurisdictions.

PERFORMANCE STORY
FAMILIES FIRST

The Families First Program has supported many parents/mothers in achieving their personal goals while learning positive parenting skills. Mothers/fathers have gained the confidence in themselves required to return to school and maintain a household at the same time. Many single mothers have completed their Grade 12 and moved on to complete post secondary educational programs because of the confidence they have gained through this strength based program. Others have recognized the personal skills they have in working with children and have completed child care courses which in turn has lead them to careers outside the home. It has also been reported that parents have been able to open home businesses because of the increased self- esteem/self worth that they developed as a result of the program. Others report with pride the steps they have made in moving from being homeless to securing safe and secure housing for their families. Facing and addressing addiction issues have also been areas where parents have felt pride in their achievements. This strength based program has been identified as the reason why some overburdened families have been able to stay together.
The Families First program is truly valued and appreciated by many care providers, who have been noted to say "I wish I could have had access to this program when I was raising my children."

PERFORMANCE STORY
YOUTH HEALTH SURVEY

As a member of Partners in Planning for Health Living (PPHL), the NOR-MAN Regional Health

Authority (NRHA) was the lead in the NOR-MAN region for the delivery of the first Manitoba Provincial Youth Health Survey process. Why a Youth Health Survey?

- To create a better understanding of local risk factors at the school level in the areas of physical activity, tobacco use, nutrition and emotional well-being
- To assist the NRHA in understanding the health of our school aged population, and to allow for the assessment of our prevention efforts
- To provide baseline data, as part of the evaluation of the new grade 11 and 12 Physical Education/Health Education (PE/HE) curriculum and policy

A total of 1,763 students from grades 6 to 12, in every school in NOR-MAN Region, put pencil to paper and responded to a series of questions related to their physical activity, what they eat, how they spend their leisure time, if they use tobacco, alcohol or illegal drugs and how they get them.

The NOR-MAN Youth Health Survey (YHS) provides a clear, evidence-based picture of our youth and areas of concern that need to be addressed. Some of the key findings include:

- 56% of students are physically active
- Only 7% of students reported eating 5 or more fruits and vegetables in a day
- 23% of male and 29% of female students report being current smokers
- 3% of both males and females report that they plan to quit smoking, but are not sure when
- 20% of both males and females plan to quit smoking within the next year
- Our student smoking rates increase from 10% in grade 6 to 42% in grade 12
- Our drinking rates increase from 14% of grade 6 students to 75% of grade 12 students for students reporting having had at least one drink in the last 30 days
- 32% of Grade 9s, 41% of Grade 10s, 47% of Grade 11's and 49% of Grade 12's reported "binge drinking" which is 5 or more alcoholic drinks within a 2 hour time period.
- 22% of students reported using illegal drugs in the last 30 days
- 69% of students reported feeling a part of their school
- 45% of students reported that they felt so sad or hopeless in the past 12 months that they stopped doing some usual activities for a while

The NRHA has started working with each of the participating schools, by presenting the division and individual school results. Also discussions on next steps and potential partnership opportunities with each school and division are moving forward.

PERFORMANCE STORY
PROTECT YOUR PAIRS

During this past year the NOR-MAN Regional Health Authority (NRHA) - Primary Health Care was awarded the Rural Award for Innovation in Health Promotion, Education and Awareness for our innovative and creative program called "Protect your Pairs". Protect Your Pairs" is a portable, best practice-based interactive breast/testicular health education and awareness program. The NRHA partnered with the NOR-MAN Breast & Women Cancer Network to design and deliver this program to each NOR-MAN school/community. The overall goal of the "Protect Your Pairs" project is to raise awareness of health promoting lifestyle choices for NOR-MAN youth that will ultimately reduce their risk of developing breast or testicular cancer.

Through this program we were able to have both youth and school staff walk away with:

- increased awareness and understanding of the preventative measures of breast and testicular cancer
- increased knowledge of resources; local, provincial and recommended web-sites
- increased awareness and comfort level with knowing their bodies in relation to breast and testicular health
- increased awareness of the signs and symptoms of breast and testicular cancer
- increased knowledge and skills in the delivery of breast health promotion activities

In addition to the above, the "Protect Your Pairs" project distributed an interactive breast/testicular education and awareness program tool kit (including visual displays, activities and messaging), and the Adolescent Breast Health Resource package (be P.I.N.K) to participating high schools.

PERFORMANCE STORY
TEEN HEALTH CLINICS

The youth Health Clinics in Flin Flon, The Pas and Cranberry Portage had continued success this year but one statistic deserves to be highlighted. In The Pas, Mary Duncan School has developed an alternate education program for junior high school aged kids. In the 2008-09 school year, there were seven teen pregnancies in their population of girls under age 15. As a result, the school requested an outreach service through Primary Health Care Centre's teen health program. The school provided confidential counseling space for the nursing staff and students. NRHA agreed to provide Primary Health Care nursing services one morning per week in the school to facilitate reproductive and sexual health care. To date, this has been a very successful initiative.

PERFORMANCE STORY
SUICIDE PREVENTION

Our Suicide Prevention Committees have been very active this year. The teams in Flin Flon and The Pas have established active community-based committees to promote awareness of the issue and undertake health promotion and injury prevention activities. They have been provided small grant funding through the MB Health Youth Suicide Prevention Strategy and have developed activities for the communities based on specific needs.

In Flin Flon, the Suicide Prevention Committee sponsored a very successful student film contest on the subject of suicide prevention. The teens submitted 21 short videos and a jury of Committee members chose six winners. The Committee held a gala event to show the films and over one hundred community members attended. Teens who had not participated in the film-making supported their peers by offering other talents such as musical performances and poetry readings, to entertain at the gala event.

PERFORMANCE STORY
AGING IN PLACE

The supports to Seniors in Group Living (SSGL) program began in Flin Flon June 2007. The SSGL model provides a range of services in group living / elderly persons housing. These services assist the residents in accomplishing their instrumental activities of daily living and provide them with the support to remain in their community and "age in place". The SSGL model is one of the community models of Manitoba's Long Term Care Strategy intended to prevent / delay premature and inappropriate entry into personal care homes. The SSGL model supports "Aging in Place".

"Aging in Place" is a matter of preserving the ability for Manitobans from every culture to remain safely, as participants in their own community, to enjoy the familiar social, cultural, and spiritual interactions that enrich their lives even though their health may be compromised. The SSGL program was expanded into The Pas at Northern View Lodge in July 2008, and another SSGL program will be added to Flin Flon Hemlock Housing in May 2010. Through the SSGL program, congregate meals are offered twice a day, seven days a week in Flin Flon and The Pas. The Movements that Matter exercise program is offered to residents three times per week in both communities. Craft activities, Music Therapy, Movie Nights, Nintendo Wii, Birthday Club , game nights, The Time of Your Life Autobiography for residents and guest speakers as well as other social activities are also planned for residents in the SSGL program. Assistance with banking, medical trips, blood pressure clinic, senior wellness and education sessions, navigating the telephone system, as well as laundry and light housekeeping are also services that are offered. Seniors participating in the program have embraced it, and have enjoyed the enhanced services that are being delivered. The Meal program and social opportunities have greatly reduced the potential for social isolation in these Elderly Person Housing (EPH) complexes.

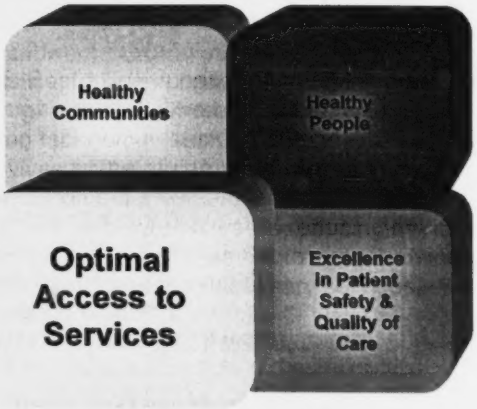
The Aging in Place is the central principle of Manitoba Health's Long Term Care Strategy. It has supported and enhanced quality of life, flexibility in service, choice, equity and dignity as well as safety and security.

The model we have in NOR-MAN supports those inherent values. We as a Region have seen the benefits of these programs to clients as well as families thus lengthening their stay in their home communities preventing the premature admission Long Term Care.

HEALTHY PEOPLE FUTURE STRATEGIES...

- **Co-Occurring Disorders Initiative** (CODI) - A CODI Nurse and an Addictions Clinician Assistant has been identified as a critical volume pressure for our Mental Health and Addiction staff due to the increasing population requiring both Mental Health and Addiction services.
- **Baby Friendly Initiative** - The Provincial Baby Friendly Initiative has introduced a facility auditing process in attempt to promote and support breastfeeding and baby friendly hospitals. The Pas and Flin Flon committees are preparing for the upcoming accreditation process. Continuing education opportunities for all staff will assist with the move to a community based Baby Friendly accreditation process. **See *Breast Feeding Rates* Figure 3 on Page 21.**
- **Youth Health Survey** - Risk Factor Surveillance surveying (Youth Health Survey) for grades 6-12 has occurred in all schools in the region. We are currently arranging presentations for all schools to present their school results and begin discussions on next steps and how to partner in projects to meet identified issues/concerns. **See *Youth Health Survey* Performance Story on Page 23.**
- **Injury Prevention Strategy** - The Primary Health Care Centre will continue to focus on injury prevention initiatives that fall into four regional priorities: (1) falls prevention; (2) road safety; (3) suicide prevention; and (4) personal/ home safety
- **Caregiver Respite Model** - A pilot project to develop a Caregiver Respite Model is underway. The first meeting was held in February 2010 with a roll out date of June 2010. This model would include a network where caregivers would be given opportunities to gain educational information, provide time to socialize and to discuss concerns and issues and needs while respite care is being provided.
- **Cervical Screening** – We have the third lowest rate of cervical screening in the province, and our rate is getting worse faster compared to the Manitoba time trend. It must be noted that this data does not include pap tests that were done by our Primary Health Care Nurses. All nurses that provide Cervical Screening services have now been given a registration number and the services they are providing should be part of future data reporting by Manitoba Cervical Screening.
- **New Horizons for Seniors Grant** - Funding has been received to establish a senior's advisory group that will plan activities for seniors who are most at risk for social isolation.
- **Human Resource Strategic Plan** - The Human Resources Team is in the process of the development of the 2011-2016 HR Strategic Plan. Planning sessions have been held with internal stakeholders and the plan will be completed by December 2010.
- **Accreditation Canada Work Life Pulse** – This staff survey will be conducted with all staff in November/December 2010.

OPTIMAL ACCESS TO SERVICES



This Board End speaks to improving access to services. It is recognized that, where possible, we need to be creative using technology such as Telehealth; and bring specialty services to the region. It addresses the priority of continuing to work on our Primary Health Care model and the need to continue to work towards reducing the jurisdictional barriers that exist so as not to impact an individual's ability to access the necessary services.

STRATEGIC CHALLENGES...

- *The majority of health care resources are presently spent on illness care yet health care services explain only about one-quarter of a person's health status. The other three-quarters of what makes a person healthy is influenced by such factors as income, housing, social supports, education, physical environment, personal health practises and genetics. Traditionally in health care, the focus has been on illness rather then on health; curing versus preventing illness; and hospitals and physicians as the first access point into the system. Although physician-centered, hospital-based care will always be a key component of the health care delivered in NOR-MAN, the challenge is on how resources can be shifted to prevention and promotion while maintaining existing services.*
- *NRHA has the oldest acute care facilities in the province. Our facilities continue to experience space restraints, operational inefficiencies and safety and security issues. Over the past several years, we have completed several capital projects and this will continue to be a priority for the region.*

OPERATIONAL CHALLENGES...

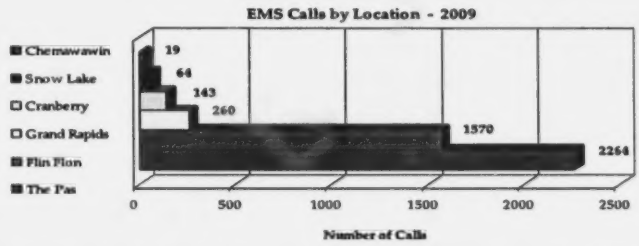
- ***Primary Health Care Database*** *- We continue to have challenges with our Primary Health Care data base and statistical collection given the volume of service delivery and number of health care providers accessing the system. The database is currently being redesigned to make it easier to use, more truly reflective of the work we do, and more effective in both its capture of and reporting of data. This work has been an ongoing project over the past year and will continue into the next year.*
- ***Northern Patient Transportation Program (NPTP)*** *- We continued to experience a deficit in the NPTP program. This is a provincial program which has been under funded and for which we have little ability to control costs.* **See *Northern Patient Transportation Program* Figure 8 on Page 32 & *Funding/Infrastructural Challenges* on Page 48.**
- ***Information Technology*** *- Due to our ongoing deficit, we have been unable to invest more into information technology to keep up with the national benchmark.* **See *Funding/Infrastructural Challenges* on Page 48**
- ***Aging Equipment*** *- Our basic and specialized equipment is aging with many critical pieces of equipment being at their end of the useful lifespan.* **See *Funding/Infrastructural Challenges* on Page 48.**

ACCOMPLISHMENTS...

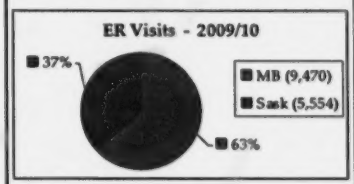
- **Servicing our Outlying Communities** - A wide range of Primary Health Care staff provide itinerant services to our outlying areas. This includes partnering with Nursing Stations and Aboriginal Health Authorities in the delivery of programs and services including Health Promotion/ Education, Tobacco Reduction Program, Families First, Public Health Services, Chronic Disease Care, Management & Support, Women's/ Youth Health Clinics (Cormorant, Cranberry Portage & Sherridon), Diabetes Education Resource, Manitoba Retinal Screening Vision Program, Risk Factor and Complication Assessment, Pediatric Speech Language, Mental Health (bi-weekly child & adult services), Home Care, Midwifery (weekly clinic in Moose Lake), Palliative Care and Community Trauma Team.
- **Primary Health Care** - Through Primary Health Care, we continue with implementation of C.A.R.E.S. (Comprehensive Assessment, Referral Entry System). A comprehensive health history and assessment process has been implemented for all PHC clients as part of the C.A.R.E.S. program and assists providers in the "bundling" of services for clients as needed. Multidisciplinary care planning is implemented on an as needed basis for those clients requiring that level of service provision.
- **Specialty Services** - NRHA offers a number of itinerant specialty clinics in the region. In 2009, there were a total of 244 physician days and 58 allied health days provided in the region. The availability of these services not only saves NPTP dollars, but also provides the opportunity for residents to access services locally.
- **Dialysis Centres** - The Flin Flon program currently operates at 75% capacity with four stations, (six patients, three times per week). The Pas ten stations with a present caseload of 24 patients and a capacity for 40 patients. We were the first Dialysis unit to successfully have a nurse complete the condensed training formula to complete all clinical in the home site. This reduced the cost of training significantly in that the nurse was not required to stay in Winnipeg for the entire nine weeks.
- **Cancer Outreach Program** - Cancer Care Manitoba determines the feasibility of any resident receiving chemotherapy in their home region. It depends on the type of therapy, the patients overall condition, etc. The NRHA has a strong community-based Chemotherapy program in the region and where possible, residents of the region appreciate the opportunity to receive treatment without having to travel.
- **MB Telehealth** - The MB Telehealth Network has continued to grow, reaching a total of 83 sites in Manitoba at the end of 2009/10. Two new sites, Grand Rapids and Easterville, came on-line in March 2010. **See Performance Story *MB Telehealth* on Page 33.**
- **Maintenance and improvement to our infrastructure** – We continue to ensure that our capital infrastructure and basic and specialized equipment is maintained and improved to ensure safe and efficient delivery of care. From 1999-2000 to 2009-2010, through funding from Manitoba Health, we have invested $22,264,899 in capital improvements to our facilities. All capital projects incorporate "green" building design elements. **See *Capital Plan* on Page 47.**

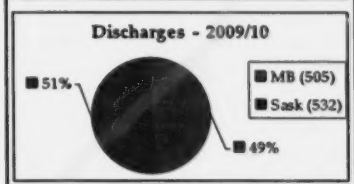
RESPONSIVENESS 2009-10

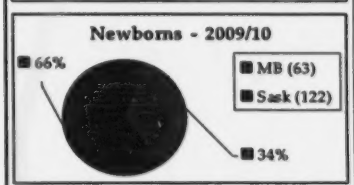
How many calls EMS responded to in 2009?



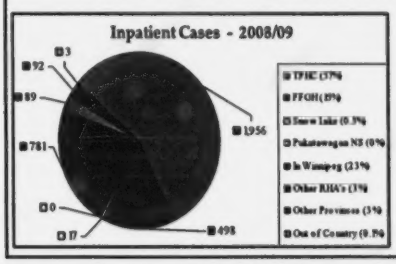
Saskatchewan Residents Use of FFGH – 2009-10

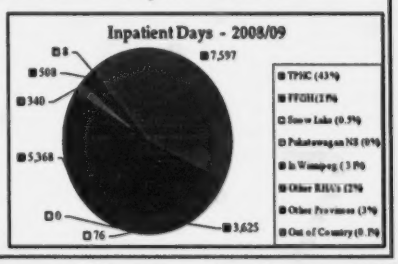




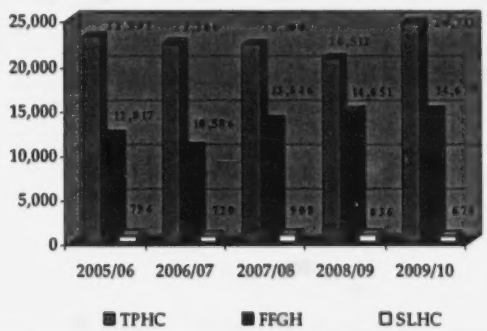


Where NOR-MAN Residents Access Hospital Services?

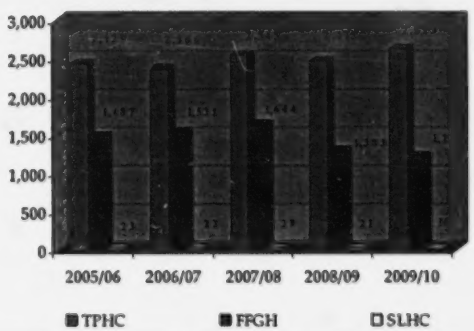




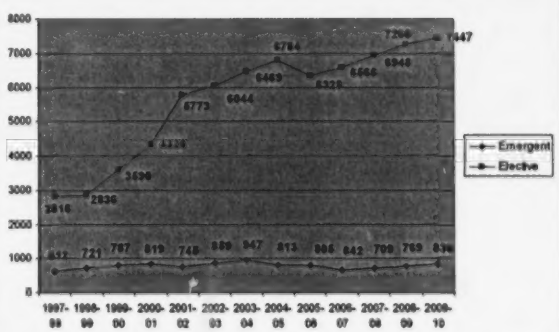
ER Visits



Hospital Discharges



NPTP Warrants



Newborn Bed Occupancy Rates

Years	FFGH	TPHC
2009/10	15%	25%
2008/09	15%	23%
2007/08	15%	27%
2006/07	18%	25%

Hospital Bed Occupancy Rates

Years	FFGH	TPHC
2009/10	39%	63%
2008/09	36%	57%
2007/08	44%	60%
2006/07	39%	57%

Source: NRHA Quality Scorecard

FIGURE 5 CT EXAMINATIONS UTILIZATION BY CATEGORY

Year	In-Patients	Emergency	Referred In	Total
2005-06	169 (7%)	95 (4%)	2238 (89%)	2502
2006-07	151 (6%)	98 (4%)	2246 (90%)	2495
2007-08	199 (7%)	157 (6%)	2454 (87%)	2810
2008-09	213 (7%)	164 (6%)	2506 (87%)	2883
2009-10	227 (7%)	260 (8%)	2618 (84%)	3105

Source: NRHA Diagnostic Imaging

FIGURE 6 AVERAGE WAIT TIMES AND/OR WAIT LISTS FOR SPECIFIC PROGRAMS

Program Area		Wait Time
Physiotherapy (The Pas)	Priority Non-Urgent	24 days 44 days
Physiotherapy (Flin Flon)	Priority Non-Urgent	9 days 28 days
Audiology		106 clients (as of July 2010)
Speech Language Pathology Flin Flon The Pas		 3 weeks 2-3 months
Diabetes Education Resource The Pas/ Flin Flon Outlying Communities		 2 to 3 weeks 6 to 8 weeks
Mental Health	Children/Youth Adult	3 to 4 weeks 1 week
Rosaire House		82 on wait list (annual average) 6 week wait time
Home Care		17 clients
CT Scan – The Pas		2 weeks (MB = 6 weeks)
Ultrasound –The Pas Ultrasound – Flin Flon		6 weeks (MB = 7 weeks) 2 weeks
X-Ray – The Pas X-Ray – Flin Flon		Same Day Same Day
Long Term Care		12 clients - Flin Flon 7 clients - The Pas

Source: NOR-MAN Regional Health Authority

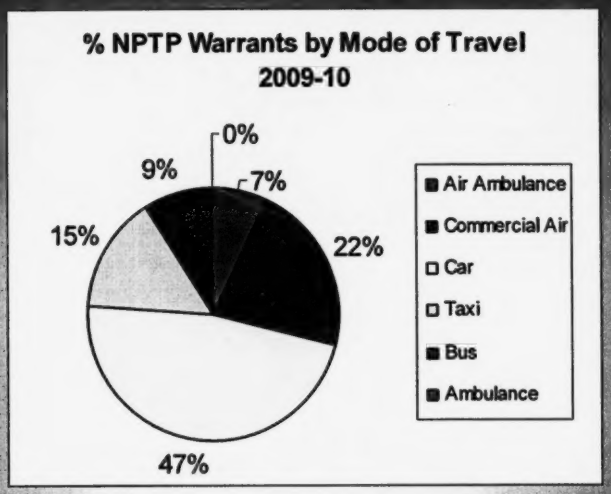
Wait times are generally good in NOR-MAN in the areas of Physiotherapy (Flin Flon), Diabetes Education Resource, Mental Health CT Scan and Ultrasound. Areas where wait times are a concern are due to Human Resource challenges and include Physiotherapy (The Pas), Speech Language Pathology, Audiology, Home Care and Long Term Care. Wait times at Rosaire House are result of bed availability.

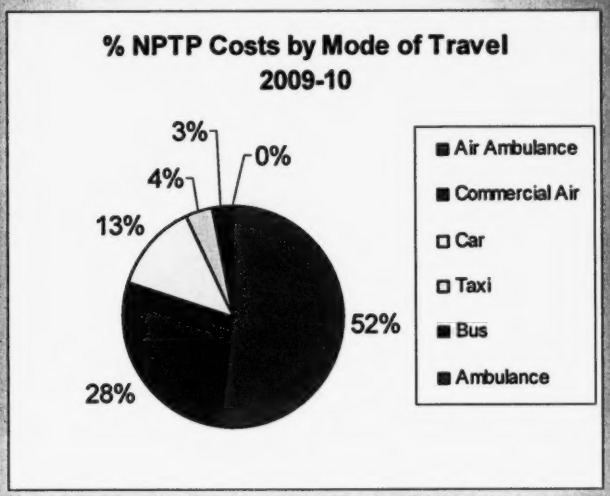
FIGURE 7 MB TELEHEALTH NETWORK UTILIZATION RATES

Session Type	Flin Flon		The Pas		Snow Lake		NOR-MAN	
2009-2010	#	%	#	%	#	%	#	%
Clinical	356	49%	452	53%	57	45%	865	51%
Education	174	24%	227	27%	35	27%	436	26%
Administration	194	27%	168	20%	33	26%	395	23%
Other	4		1		1		6	0%
Total	**728**	*(+2%)*	**848**	*(-2%)*	**126**	*(+1%)*	**1702**	*0%*
2008-2009	717	+9%	866	*+30%*	124	+8%	1707	*+19%*
2007-2008	656	+23%	660	*+0%*	115	-21%	1431	+7%
2006-2007	532	+7%	655	*+0%*	146	+35%	1333	+6%
2005-2006	496	*-1.5%*	655	*+15%*	108		1259	+17%
2004-2005	504	*+48%*	572	*+33%*	0		1079	+40%
2003-2004	340	*+52%*	431	*+88%*	0		771	+71%
2002-2003	223		229		0		452	

Source: MBTelehealth Management Report, 2009/10 Fiscal Year

FIGURE 8 NORTHERN PATIENT TRANSPORTATION PROGRAM





Source: Northern Patient Transportation Program

In 2009-10, there were 8283 warrants for NPTP of which 90% were elective and 10% were emergent. This was an increase of 456 warrants from 2008-09. The largest driver of NPTP costs continues to be air ambulance. In 2009-10, 7% of all travel warrants were for air ambulance yet it accounted for 52% of total NPTP budget. Car continues to be the next largest mode of travel at 47%. Internal Medicine is the top reasons for NPTP travel by Physician Category for Flin Flon and Orthopedics for The Pas. For Diagnostics procedures, the top referral for The Pas is Eye Pressures at 29% and CT referrals to The Pas for Flin Flon at 20%.

PERFORMANCE STORY
MB TELEHEALTH

The MB Telehealth Network has continued to grow, reaching a total of 83 sites in Manitoba at the end of 2009/10. In NOR-MAN, we were delighted to have two new sites come on line at the Grand Rapids and Easterville Nursing Stations in March 2010.

The Telehealth sites in Flin Flon and The Pas continue to be among the busiest in the province. The number of Telehealth events in 2009-10 remained stable from the previous year with 782 telehealth events occurring in Flin Flon, 848 events in The Pas and 126 in Snow Lake. The utilization at the Pukatawagan site continues to be low and there continues to be problems with staff turnover and ongoing need for re-training.

Clinical appointments continued to rise in 2009/10. Clinical appointments as a percentage of total utilization accounts for 49% in Flin Flon (an increase of 14%), 53% in The Pas (an increase of 7%), 45% in Snow Lake (an increase of 39%). While the percentage of clinical utilization in NRHA is lower than the network percentage, this is the highest percentage we have achieved to date.

NOR-MAN's unique telehealth dermatology clinic continues to grow in popularity with 204 new referrals in 2009/10 compared to154 in 2007/08. New Telehealth clinical services introduced in the region this year included expanded services for diagnosis and support of FASD, Speech Therapy Services for Adults, and Telehealth assessment and follow-up for Dialysis patients in The Pas and Flin Flon.

Having dedicated space for Telehealth appointments has been an ongoing challenge given the space constraints we have in our acute care facilities. Some initiatives that we have implemented to address this issue in the past year include:

- Establishment of a dedicated Ttelehealth clinical room in The Pas. This has improved efficiency for support staff in The Pas Hospital and reduced room scheduling conflicts.
- The Dialysis Units in The Pas and Flin Flon were linked to the network in July and August 2009.
- Expanded access to the provincial Telehealth schedule to RHA staff including self-registration for educational events.

The introduction of Telehealth in Manitoba has been a success story and we continue to advocate for expansion to a number of our sites throughout the region. Telehealth priorities for 2010/11 and beyond include:

- Establishment of a Telehealth Advisory Committee.
- Establishment of a dedicated Telehealth clinical room in the new Medical Clinic at Flin Flon General Hospital.
- Expansion of Telehealth services to the NRHA Primary Healthcare Centres in Flin Flon and The Pas.
- Expansion of Telehealth services to the NRHA operated health centres in Cranberry Portage, Cormorant and Sherridon
- Expansion of Telehealth service to provincial Nursing Stations and Health Centres in Moose Lake and OCN.
- Continued training of more NRHA staff to increase level of Telehealth integration in region

OPTIIMAL ACCESS TO SERVICES FUTURE STRATEGIES...

- **Integrated Client Record -** The proposed Patient Care documentation system, Charting by Exception (CBE), is in development for region-wide implementation encompassing all program areas. The system will support the introduction of Care Maps and is intended to readily adapt to an electronic patient record.
- **Telehealth -** Telehealth Priorities for 2010/11 and beyond include the establishment of a dedicated telehealth clinical room in the new Medical Clinic in Flin Flon General Hospital; expansion of Telehealth services to the NRHA Primary Health Care Centres in Flin Flon, the Moose Lake Nursing Stations and OCN Health Centre. Utilization at the Pukatawagan Telehealth site continues to be low and there continues to be problems with staff turnover and ongoing need for re-training.
- **CT Services –** The CT scanner situated in The Pas has significantly reduced the amount of travel required for NOR-MAN residents for Diagnostic Imaging services. In 2009-10, we averaged 260 scans per month performed which was an increase of 19 exams per month over 2008-09. We are slated for a new CT scan upgrade in The Pas in 2010-11. **See *CT Examination Utilization By Category* Figure 5 on Page 30.**
- **Wait Times -** Wait times are generally good in NOR-MAN. Areas where wait times are a concern are due to Human Resource challenges and include Physiotherapy (The Pas), Speech Language Pathology, Audiology, Home Care and Long Term Care. Wait times at Rosaire House are result of bed availability. **See *Average Wait Times And/Or Wait Lists For Specific Programs* Figure 6 on Page 30.**
- **Capital Strategic Plan –** A five year Capital Plan will be developed to guide development projects over the next several years.

EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

This Board End focuses on our commitment to patient safety and continuous quality improvement. It also speaks to the need to be accountable to those we serve and that with finite resources all planning must be done in an evidence-based environment. Also emphasized is the fact that in order to be sustainable as a Regional Health Authority, we need to be efficient and effective in the use of our resources and ensure an adequate and skilled workforce including continuing to develop northern Human Resources.

STRATEGIC CHALLENGES...

- *Recruitment and retention of qualified health care professionals and physicians continues to be the number one challenge for the NRHA. There is a need to continue to invest in developing northern Human Resources and recruiting and retaining qualified staff.*

OPERATIONAL CHALLENGES...

- ***Staffing Challenges*** *- We continue to spend considerable resources in the areas of recruitment due to our northern location. Due to nursing shortages, we had to rely heavily on Agency Nurses in 2009-10 at a cost of $460,000. This was over and above the amount budgeted for nursing salaries. Overtime paid was 39,252 hours for a total cost of $1,864,775.* **See *Funding/ Infrastructural Challenges* on Page 48.**
- ***Physician remuneration*** *- Costs increased by 14.4% over the previous fiscal year. Increases were related to negotiated payment increases to physicians as well as physician shortages and the need to depend on locum services (in particular for Anesthesia and Obstetrical Services in The Pas and Obstetrical and Surgical Services in Flin Flon).* **See *Funding/ Infrastructural Challenges* on Page 48.**
- ***Deficit*** *– We have continued to incur a deficit for the past several years. The majority of our budget is directly related to the Northern Patient Transport Program and human capital, which leaves little room for reallocation. There were increases in operating expenses over the past fiscal year in almost all sectors, most notably: Long Term Care (5.9%), Regional Costs (11.5%), Mental Health (20.2%), NPTP (10.8%), Pre-retirement (23.1%) and Medical Remuneration (14.4%). Contributing factors to the increases include: negotiated wage increases, inflationary increases, discount rates used for valuation of pre-retirement liability, and transportation cost/volume increases.* **See *Funding/ Infrastructural Challenges* on Page 48.**

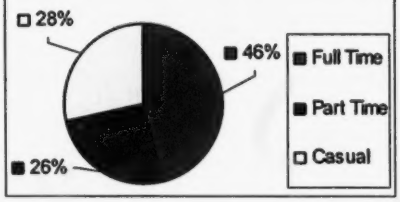
ACCOMPLISHMENTS...

- **Quality Management** - NRHA has maintained an integrated Quality Management structure with all teams reporting to Quality Council. Senior Management and CQI team leaders/ advisors participate on Quality Council.
- **Accreditation** - We were one of the first regions in Canada to participate in Accreditation Canada's new Qmentum program. NRHA successfully participated in our Accreditation Canada survey visit from May 4-9, 2008 receiving "Accreditation with Condition." Our conditions included three reports to Accreditation Canada (February 2009, November 2009 and May 2010) on progress on 3 Required Organizational Practices and 25 High Risk Criterion. We have been successful in meeting all report requirements from Accreditation Canada.
- **Risk Management** - NRHA was part of a five year HIROC pilot program to test their electronic risk assessment. The final report was submitted to HIROC on March 31, 2010 and all recommendations were successfully addressed. We have an Occurrence Reporting and Management system in place and it is maintained by our Regional Manager of Quality & Risk. **See *Occurrence Reports* Figure 11 on Page 39.**

- **Patient Safety** - We were successful in 2008-09 in receiving directed funding from Manitoba Health to create a Patient Safety Coordinator position for the region. A full time Regional Patient Safety Coordinator was hired and began work in May 2009. **See Performance Story *Patient Safety* on Page 42.**
- **Patient Safety Survey** – As par of our Accreditation process, staff were encouraged to participate in a Culture of Patient Safety Survey in October 2009. **See *Accreditation Canada - Culture of Patient Safety Survey* Figure 12 on Page 40.**
- **Health System Performance Survey** – As part of our Community Health Assessment consultation process, we conducted a Health System Performance Survey with physicians, staff and community partners. Access to physicians services was identified as an area of concern. **See *Ambulatory Visit Rates* Figure 13 & *Location of Visits to General and Family Practitioners* Figure 14 on Page 41 and Performance Story *NOR-MAN RHA Medical Clinic (Flin Flon)* on Page 44.**
- **Complaint Management** - We continue to ensure timely resolution of complaints as per guidelines as set out in policy. In 2009, we received 85 complaints, which was higher than the previous year, as well as 7 compliments. The majority of complaints related to staff/ physician behaviour and physician resources. NRHA Corporate Office has a General Information/ Complaint Line (1-888-340-NRHA) to allow residents throughout the region to call toll free and register a complaint by phone.
- **Staff Health** – We have two half-time Staff Health/ Infection Control Nurses in the region who ensure staff health and infection control measures are in place in our facilities. Healthcare Acquired Infection Rates are monitored monthly by these individuals as part of the Required Organizational Practises through Accreditation Canada. **See *Healthcare Acquired Infection Rates* Figure 10 on Page 39.**
- **Ethics** - An Ethics Committee was re-established in 2009-10 and is now chaired by the Regional Patient Safety Coordinator. We are also participating on the provincial Ethics Committee which was struck in 2009-10. **See Performance Story *Ethics* on Page 42.**
- **Workplace, Safety and Health** - Regional and site-specific Workplace, Safety and Health committees continue to review injuries and recommend areas for further training and/or policy development.
- **Disaster Management** – We hired a part time Regional Disaster Management Coordinator in August 2009 and she is currently reviewing all regional emergency response plans.
- **Regional Alert and Response Team** - The team continues to meet and was instrumental in developing a Regional Pandemic Preparedness and Response Plan. Emergency Operations Centers (EOC) are in place and a process to enact EOC's by Administration On-Call has been established.
- **EMS Response** times for EMS are now tracked centrally through the Medical Transportation Co-ordination Centre. Response times for Flin Flon, The Pas and Cranberry Portage are above the provincial average. **See *EMS Response Averages* Figure 9 on Page 38.**
- **Spiritual Care** - Regional Spiritual Care Committees are in place with representatives from NRHA and community Ministerial Associations. Representative from NRHA sits on this provincial Spiritual Care Management Network. Directed funding was received from Manitoba Health for a three-year pilot in the fall of 2008. Two half-time Spiritual Care Coordinators were hired in May 2009 in The Pas and Flin Flon.
- **Recruitment Efforts** - We continue to seek out creative ways to deal with staff and physician shortages including continuing with student sponsorships and Return of Service agreements; High School Bursary Program; and incentives to students completing senior practicum experience with NRHA, to name a few.
- **Home for the Summer Program** - In partnership with the Office of Rural and Northern Health (ORNH), we again participated in the Home for the Summer program in 2009.
- **Paramedic Program** - NRHA was again successful in being awarded the rotating paramedic training program for 2009-10.
- **Workplace Integration of New Nurses** (WINN) - WINN has been developed to provide the required supports to new nurses during their initial employment period and has been extremely well received by new nursing staff and shared with other rural and northern RHAs.
- **Volunteers** - Volunteers contributed 5,424 service hours in Flin Flon and 658 service hours in The Pas in 2009-10. This included fund raising, direct service, transportation, one to one visiting, entertainment, advocacy, service to voluntary boards and assisting with support groups. The Meals on Wheels program delivered 2,928 meals in Flin Flon and 5,323 meals in The Pas.

WORK LIFE: STATISTICS

TOTAL EMPLOYEE COUNT



Total Employee Count	975
Total Full-Time	446
Total Part-Time	254
Total Casual	275

STAFF PROFILE BY GENDER

Male= 11%
Female= 89%

% UNIONIZED STAFF

NRHA = 91%

PHYSICIAN PROFILE

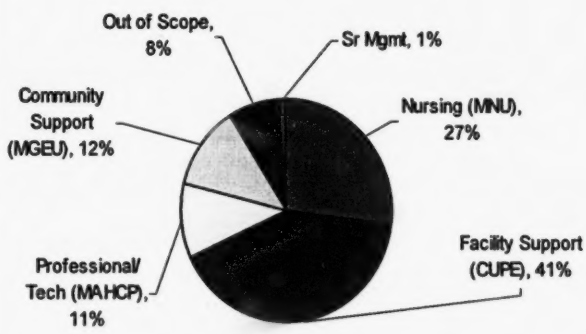
(As of January 2010)

Physician Type	The Pas	Flin Flon	Snow Lake
GP	9	6	2
GP/ Surgeon	1	0	0
GP/ OBS	1	1	0
GP/ Anesthesia	0	2	0
Radiology	1	0	0

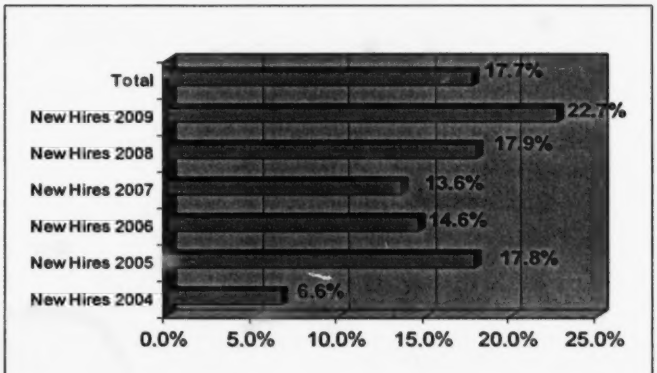
Regional Physicians:

*Internal Medicine -1 *Psychiatry –1
*Medical Officer of Health - 1

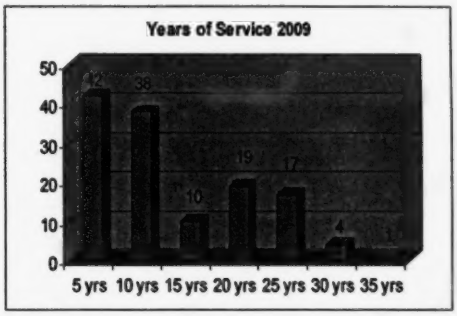
Regional Staffing Profile



% WORKFORCE SELF- DECLARED ABORIGINAL



EMPLOYEE FACTS



Average Age of Employees
NRHA = 45.42 years
MB Healthcare Average = 43.89 years

Average Years of Service
NRHA = 9.6 years
MB Healthcare Average = 9.17 years

Perfect Attendance Award 2006
33 employees = 4.7%
700 eligible employees

Avg. Vacation/Employee = 4.92 weeks

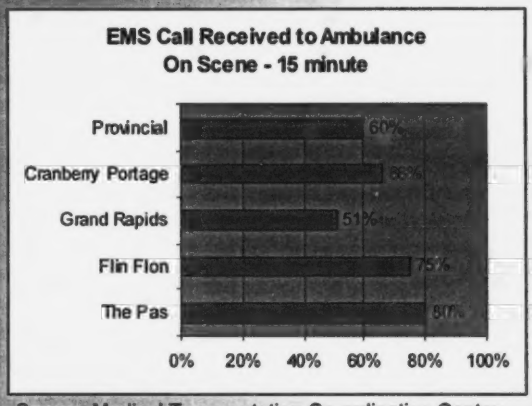
Regional Retirement Profile
116 potential retirements = 11.8%
975 eligible employees

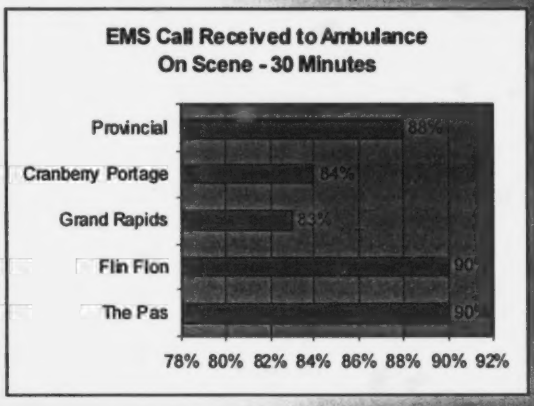
Source: NRHA Quality Scorecard

FIGURE 9 EMS RESPONSE AVERAGES

Top 10 EMS Calls by Site (2009)

The Pas *2264 calls*	Flin Flon *1570 calls*	Grand Rapids *260 calls*	Cranberry Portage *143 Calls*
IFT (38%)	IFT (42%)	IFT (65%)	IFT (9%)
Sick (7%)	Fall (9%)	Return IFT (8%)	Sick (9%)
Breathing (6%)	Return IFT (7%)	Traffic Injury (1%)	Fall (9%)
Fall (4%)	Sick (6%)	Sick (1%)	Chest Pain (9%)
Convulsions (4%)	Breathing (6%)	Unknown (1%)	Breathing (8%)
Chest Pain (4%)	Chest Pain (4%)	Breathing (1%)	Traumatic Injury (6%)
Unknown (4%)	Traffic Injury (3%)	Unconscious (1%)	Traffic Injury (5%)
Unconscious (4%)	Stroke (2%)	Assault (1%)	Unconscious (4%)
Traffic Injury (3%)	Unconscious (2%)	Chest Pain (1%)	Abdominal Pain (4%)
Assault (3%)	Convulsions (2%)	Obstetrics (1%)	Overdose (4%)





Source: Medical Transportation Co-ordination Centre

In 2009, the NRHA operated 4 sites in the region including The Pas, Flin Flon, Cranberry Portage and Grand Rapids. The remaining ambulance services in NOR-MAN were operated by volunteer services. In 2009, there were 2264 EMS calls in The Pas, 1570 calls in Flin Flon, 260 calls in Grand Rapids and 143 calls in Cranberry Portage catchments areas.

The Medical Transportation Coordination Centre has established two indicators to measure response time for the Province. The first is the percentage of EMS calls received that are on the scene within 15 minutes. The Pas (80%), Flin Flon (75%) and Cranberry Portage (66%) were above the provincial of 60%.

The second indicator is the percentage of EMS calls that are on scene within 30 minutes. The provincial average was 88%. Both The Pas and Flin Flon were above the provincial average at 90%.

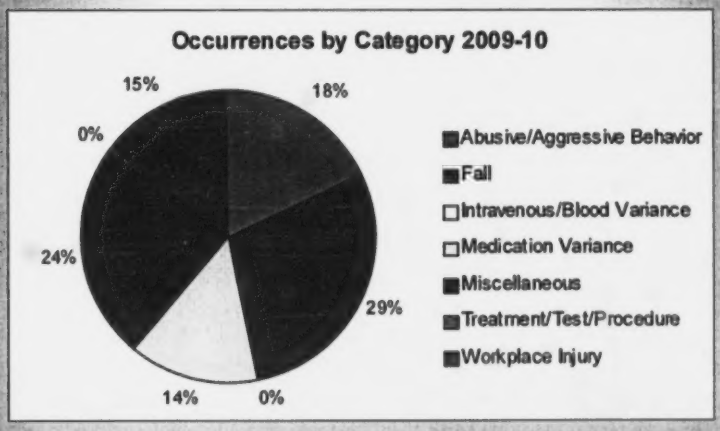
FIGURE 10 HEALTHCARE ACQUIRED INFECTION RATES

Hospital Rate	2005-06	2006-07	2007-08	2008-09	2009-10
St. Anthony's Hospital	1.07	1.26	0.4	0.4	0.1
Flin Flon General Hospital	0.3	0.6	0.3	0.7	0.1
Surgical Rates	**2005-06**	**2006-07**	**2007-08**	**2008-09**	**2009-10**
St. Anthony's Hospital	0.89	1.22	1.0	0.6	1.31
Flin Flon General Hospital	0.3	1.5	1.3	1.3	0.2
PCH Rates	**2005-06**	**2006-07**	**2007-08**	**2008-09**	**2009-10**
Flin Flon PCH	0.8	0.2	1.1	2.4	0.8
Northern Lights Manor	0.6	0.08	0.3	2.2	2.0
St. Paul's	0.23	0.18	0.1	0.4	1.23

Source: NRHA Infection Control

In The Pas, we observed an increase in the number of Surgical Site Infections (SSIs) from four (4) in 2008/09 to nine (9) in 2009/10. The PCH rate at St. Paul's was higher in 2009/10 due to a GI outbreak in March 2010.

FIGURE 11 OCCURRENCE REPORTS



Source: NRHA Risk Management Database

Between April 1st, 2009 and March 31st, 2010, there were a total 1680 occurrences reported. Falls accounted for 29% (476) of all occurrences, followed by miscellaneous at 24% (408), Abusive/ Aggressive at 18% (307) and Workplace Injury at 15%.

The percentages by category are fairly consistent with 2008-09 results. We have seen a slight decrease in percentage of Falls (from 35% to 29%) and Abusive/ Aggressive Behaviour (from 22% to 18%) and an increase in the percentage of Workplace Injuries (from 6% to 15%). In 2009-10, we had no Critical Incidents and four Critical Occurrences that were reported as per legislation to Manitoba Health.

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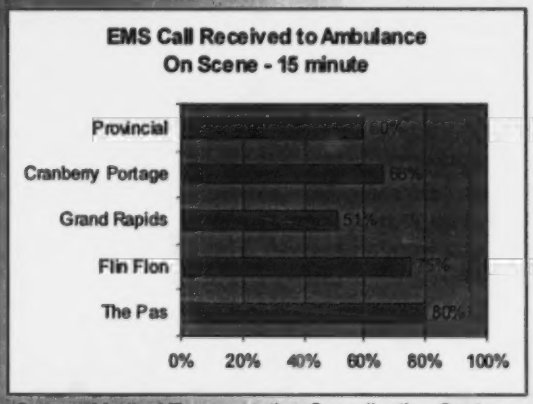

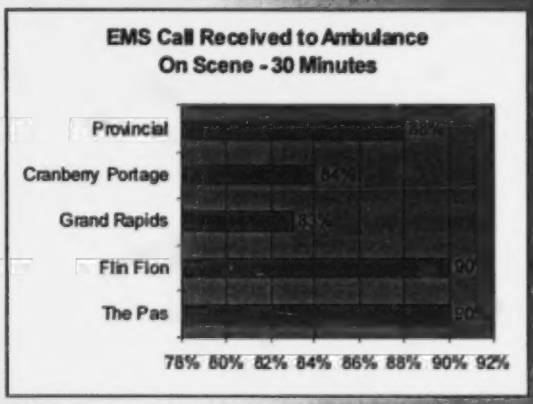

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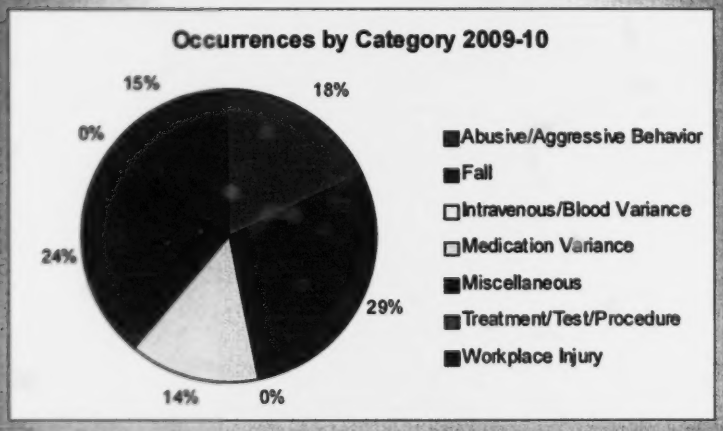

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FIGURE 12 ACCREDITATION CANADA - CULTURE OF PATIENT SAFETY SURVEY

	% VG/ Excellent	% Acceptable	% Poor/ Failing
1. Please give the organization an overall grade on patient safety.	47.8% (64%)	45.4% (30%)	6.7% (6%)
2. Please give your unit an overall grade on patient safety.	64.8% (72%)	29. 9% (24%)	5.1% (4%)
	% Agree	% Neutral	% Disagree
3. Senior Management provides a climate that promotes patient safety.	68.5% (72%)	16.4% (18%)	11.8% (11%)
4. My manager seriously considers staff suggestions for improving patient safety.	64.2% (67%)	16.7% (19%)	10.2% (14%)
5. I am provided with adequate resources to provide safe patient care.	40.4% (52%)	18.8% (20%)	25.6% (28%)
6. Reporting a patient safety problem will result in negative repercussions for the person reporting it.	10.2% (12%)	13.6% (13%)	72.6% (75%)
7. Changes are made to reduce re-occurrence of major events.	61.6% (76%)	18.5% (17%)	7% (6%)
8. I am sure that if I report an incident to our reporting system, it will not be used against me.	62.1% (64%)	18.2% (18%)	18.2% (18%)
9. On my unit, it is difficult to discuss errors.	15.7% (66%)	15.1% (18%)	56.5% (16%)

Source: Accreditation Canada NRHA Results (National Average)

As part of the Accreditation Canada survey process, staff of the NOR-MAN Regional Health Authority participated in an on-line Patient Safety Culture Survey in October 2009. The response rate was 34%. As an organization, 93% of respondents rated our overall patient safety score as "Acceptable, Very Good or Excellent compared to the national average of 94%. When ranking their individual unit, 95% ranked it as "Acceptable, Very Good or Excellent compared to the national average of 96%. Overall, the majority of NRHA staff agree that patient safety decisions are made at the appropriate level, there is good communication around these issues and there is an environment where patient safety is valued. NRHA staff also agrees that their unit/supervisor takes time to identify and assess risks to patients, manages risk to ensure patient safety, and seriously considers staff input for improving patient safety.

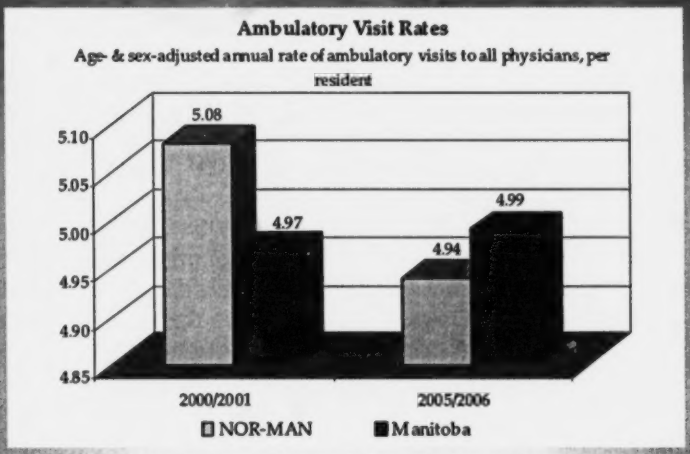
Areas identified for further action included:

- Patient safety needs to be considered when making program changes including balancing patient safety vs. the need for productivity.
- Staff needs to be recognized for actions taken to preserve patient safety.
- Majority of staff recognize that health care errors constitute a real threat to our patients but many go unreported. Important to ensure staff understand occurrence reporting process and when and what to report.
- That there is consistent disclosure to the family involved in an event.
- Providing consistent feedback to staff regarding changes put into place based on occurrence reports.

Detailed results of the Patient Safety Survey are being reviewed by the Regional Patient Safety Committee and areas of improvement will be acted on accordingly.

FIGURE 13 AMBULATORY VISIT RATES

Definition: includes all contacts with physicians (excludes visits for prenatal care) – office visits, home visits, personal care home visits, visits to outpatient departments and some emergency room visits

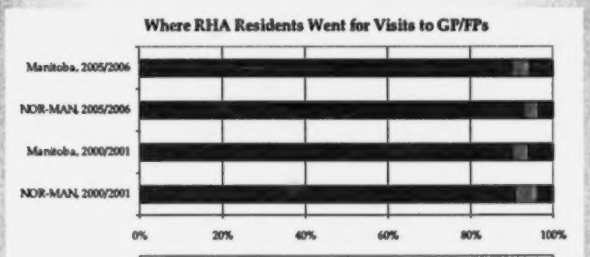


Source: Manitoba Centre for Health Policy, The Manitoba RHA Indicators Atlas, 2009

The above graph shows the average number of ambulatory visits to all physicians by NOR-MAN residents. These average numbers include visits for any reason (excludes visits for prenatal care), to any type of physician (including GP/FPs and specialists). As shown, both NOR-MAN and Manitoba residents are seeing a physician approximately five (5) times per year.

FIGURE 14 LOCATION OF VISITS TO GENERAL AND FAMILY PRACTITIONERS

Definition: is the proportion of visits to GPs/FPs by location of the visit



	NOR-MAN, 2000/2001	Manitoba, 2000/2001	NOR-MAN, 2005/2006	Manitoba, 2005/2006
% To Winnipeg	3.9%	6.1%	3.5%	5.9%
% To Other RHA	5.3%	3.9%	3.8%	4.1%
% Elsewhere in RHA	9.8%	4.2%	10.2%	4.4%
% In District	80.9%	85.8%	82.6%	85.6%

Source: Manitoba Centre for Health Policy, The Manitoba Indicator Atlas, 2009

For the NOR-MAN region, the majority of residents are seeing physicians in their home region.

PERFORMANCE STORY
PATIENT SAFETY

The Regional Patient Safety Coordinator was tasked with developing a Regional Patient Safety Strategic Plan, which is a requirement through Accreditation Canada. This plan was completed and presented to senior management and the Board in spring 2009. The patient safety strategic plan is a way for the region to identify patient safety risks with in our organization.

Key initiatives in 2009-10:

- Creating a culture for Patient Safety including developing Patient Safety in Medication Use and Patient Safety in Work Life strategies.
- A patient safety committee has been formed which includes front line staff as well as managers from all areas with in the organization.
- All staff was asked to participate in Accreditation Canada's Patient Safety Survey. The results of the survey provided us with a baseline of where our culture for patient safety is at and areas we need to work on. **See *Accreditation Canada - Culture of Patient Safety Survey* Figure 12 on Page 40.**
- Improving patient safety information and resources.
- Implemented Medication Reconciliation on admission, transfer and discharge process for the region.
- Ongoing community education on Manitoba Institute for Patient Safety (MIPS) initiative "Patient Safety Is In Your Hands" and "It's Safe to Ask."
- Implementation of the "Do Not Use Abbreviations" in medication order writing initiative.
- Implemented an Operating Room checklist to improve the safety of surgical care.
- Participation in Canadian Patient Safety Week.

PERFORMANCE STORY
ETHICS

The NRHA has an active Ethics Committee whose primary role is to:

- Enhance ethics resources, strategies and processes across the region.
- Guide and support ethics education
- Provide evidence based resources to help support staff to make informed ethical decisions.

Key initiatives accomplished in 2009-10 include:

- The chair of the Ethics Committee is an active member of the newly formed "Manitoba Provincial Health Ethics Network. (MB-PHEN)"
- Through Telehealth, we have set up HEAL Rounds, that provides employees the opportunity to increase their education on Ethics.
- Manitoba Provincial Health Ethics Network presented an in-service to the region on 'Strategies for Regional Ethics Committees'.
- MB-PHEN came to NOR-MAN in the spring of 2010 and provided training in Level I Bioethics. This workshop gave participants the opportunity to explore the ethics in themselves and in their work in healthcare. It introduced theoretical ethical perspectives and educated us on skills to apply them to clinical practice. Senior management, managers and staff were able to participate in the workshop.

PERFORMANCE STORY
COMMUNITY HEALTH ASSESSMENT

Health System Performance Results

Our Health System Performance Survey was implemented to obtain the opinions of our staff, physicians and community partner organizations about the services and programs provided by the NOR-MAN Regional Health Authority.

A response rate of 33% (326) for staff, 54% (26) for physicians, and 26% (44) for community partner organizations was achieved.

Survey Results – Highlights:

Overall, our Health System Performance survey results show that a large majority of the survey respondents agreed that we are responsive to the health care needs of our residents when combining the results of strongly agree, most agree and agree at **84.5%.**

However, when reviewing all of our survey responses, there some work to be done to ensure that we are more responsive to our residents' health care needs. One of the issues that requires our attention is educating our residents on how to access our programs and services. Our survey results have **27.5%** of all respondents strongly disagreeing or mostly disagree to the question: "I believe that when residents need a health care service they know where to go?"

Our overall satisfaction levels vary greatly depending on the type of survey respondent. NRHA staff at **83%**, physicians at **96.0%** and our community partner at **67.0%** rated satisfaction at neutral, satisfied or very satisfied.

We also reviewed respondents' satisfaction scores in the areas of accessibility, quality of services, delivery methods, timeliness and friendliness. Based on these results, the following areas require further attention to ensure improved service delivery for all NOR-MAN residents:

1. Accessibility of services
2. Quality of services
3. Delivery methods
4. Timeliness

When reviewing the five (5) key elements of service delivery for the **level of importance**, survey respondents rates all key elements as important and very important:

1. **Accessibility** scored an overall average of **88.8%**
2. **Friendlessness** scored and overall average of **93.4%**
3. **Quality** scored and overall average of **95.7%**
4. **Delivery method** scored and overall average of **89.2%**
5. **Timeliness** scored and overall average of **94.4%**

PERFORMANCE STORY
NOR-MAN RHA MEDICAL CLINIC (Flin Flon)

The NRHA submitted a Business Case to Manitoba Health in the fall of 2009 to renovate 6770 square feet of office space on the 3rd floor of the 1938 wing of the Flin Flon General hospital into a state of the art Medical Clinic. The project was approved in March 2010.

Scope of the project includes:

- construction of 10 consultation rooms
- 1 itinerant space for visiting physicians
- 1 Telehealth clinical room
- nursing station and reception desk
- patient waiting area accommodating up to 40 people
- wheelchair accessible washrooms
- medical records storage

Construction of the new Clinic is scheduled to be complete by early December and we are hopeful that the new Medical Clinic will open in early January 2011.

Some of the key features of the new Medical Clinic:

- **Advanced Access** – The Clinic will operate using the Advanced Access model of care. Advanced Access is about reengineering clinic practises so that patients can see a physician at a time and date that is convenient to them. We are the 31st Clinic in Manitoba to implement Advanced Access.
- **One Stop Service for Physician and Diagnostic Services** – Physician and diagnostic services will be under one roof making it easier for patients to access services.
- **Electronic Medical Record** – We will be introducing an EMR into the new clinic which will be linkable to the Electronic Health Record once implemented.
- **Staff** – New staff will be hired including a clinic manager, billing clerk, reception and scheduling staff, nurses and housekeeping.
- **Furnishings and Equipment** – All furnishings and equipment will be brand new and state of the art.
- **Improved Parking** – To accommodate extra traffic, a plan has been drawn up to reconfigure the parking lot and add extra stalls. The plan includes angular parking stalls and better utilization of underutilized space. There will also be additional parking lot spots designated for handicapped and "baby friendly" parking. Parking lot improvements will be phased in over the next few years as additional parking spaces will be available when EMS moves to its new location.

EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE FUTURE STRATEGIES...

- **Client Satisfaction Surveys -** A revised Primary Health Care and Acute Care Client Satisfaction survey process will be implemented in 2010-11.
- **Utilization Committee -** All CQI Teams review their own utilization data on an ongoing basis. Regional Utilization Committee has not been meeting and will be a priority for it to be reestablished in 2010-11
- **Snow Lake EMS -** Due to a declining volunteer base, the Town of Snow Lake decided to devolve the EMS service over to RHA. Two (2) part time positions to keep the service operating will be effective April 1, 2010. An operating schedule was submitted in last year's Health Plan for funding, but denied. A GO schedule will be resubmitted as part of the 2011-12 Health Plan
- **New EMS Facility –** We have received approval to build a new EMS facility in Flin Flon. We are presently reviewing potential sites and are hoping to construct the new facility in 2011-12.
- **New Medical Clinic in Flin Flon –** We have received approval to build a new Medical Clinic in Flin Flon. The clinic will be located on the third floor of the Flin Flon General Hospital and will feature the introduction of an Electronic Medical Record. **See Performance Story *NOR-MAN Medical Clinic (Flin Flon)* on Page 44.**
- **Regional Cultural Awareness Training -** Training has been incorporated into the orientation provided to all new employees. The development of a regional Cultural Awareness program will be a priority for 2010-11.
- **Northern Residency Program -** A Northern Residency program with the University of Manitoba Medical Program has been created and the first Resident will be working for the NRHA in September 2010.
- **Accreditation -** Planning for Accreditation Canada Survey Visit (May 2011) is currently underway

CAPITAL PROJECTS

In 2009-10, we completed thirteen capital project totaling $2,003,489. From 1999-2000 to 2009-2010, through funding from Manitoba Health, we have invested $22,264,899 in capital improvements to our facilities. The following summarizes the status of all projects as of March 31, 2010:

Projects Completed in 2009-10

- CCTV Camera and Monitor in Admitting in Admitting and ER (The Pas and Flin Flon) - $16,887.52
- Pharmacy Relocation (Flin Flon) - $1,309,268
- Emergent Incinerator Stack Repairs (Flin Flon) - $76,638
- Northern Lights Manor Structural Investigation (Flin Flon) - $6,345
- Kitchen and Laundry Air Conditioner Condenser Unit (Flin Flon) - $47,0443
- Penthouse 2 Asbestos Abatement. (Flin Flon) - $22,404
- St. Paul Access Link door (The Pas) - $8,449
- Asbestos Abatement in the laundry (The Pas) - $141,434
- Nurse Call Upgrade (The Pas) - $156,011
- Mechanical Upgrade in the Boiler Room (The Pas) - $261,254
- Boiler door repairs (The Pas) - $11,416
- Emergency Generator radiator replacement (The Pas) - $22,976
- X-Ray lab by DSM (Snow Lake) - $330,263

Projects in Design

- Medical Clinic (Flin Flon)
- Fire Pump Replacement/ Domestic Hot Water Tank Replacement (Flin Flon)
- Morgue Cooler (Flin Flon)
- Security Upgrade (Flin Flon)
- Ultrasound Redevelopment (Flin Flon)
- New EMS Facility (Flin Flon)
- Passenger Elevator Upgrade (Flin Flon)
- OR Med Gas Upgrade (The Pas)
- OR Flooring Replacement (The Pas)
- Standby Generator Load Balance (The Pas)
- Passenger Elevator A & B Upgrade (The Pas)
- Med Room/ Sterilizer Room/ Dirty Utilities Redevelopment (Snow Lake)
- EMS Replacement of Overhead Doors (Cranberry Portage)
- EMS Security Upgrade (Grand Rapids)

Projects Under Construction:

- Fire Pump Replacement/ Domestic Hot Water Tank Replacement (Flin Flon)
- Morgue Cooler (Flin Flon)
- Ultrasound Renovation (Flin Flon)

Projects Pending:

- Admitting Ergonomic Renovation (Flin Flon)
- Psych Unit Ceiling Replacement (The Pas)

CAPITAL PLAN
Priority Projects for 2010-11

Priority Capital projects to be completed in 2010-11:

Flin Flon

- Completion of the ultrasound renovation project; construction of a new medical clinic at Flin Flon General Hospital; replacement of the fire pump and domestic hot water tank; planning for the construction of a new EMS facility; security and elevator upgrade at FFGH; and elevator retrofit and structural floor repairs at Northern Lights Manor.

The Pas

- New flooring and upgrade to the OR department medical gas system; elevator upgrade; and upgrade to the standby generator load balance.

Snow Lake

- Redevelopment of the medication sterilizer room; upgrade to the maintenance shop; installation of CCTV security cameras and replacement of all windows.

Projects under Review by MB Health from 2010-11 Health Plan:

- Telephone Switch Replacement (Regional)
- Asbestos Abatement (Regional)
- Surface Oil Tank containment (The Pas and Flin Flon)
- Lab Upgrade (The Pas and Flin Flon)
- Facility Re-keying (The Pas and Flin Flon)
- Primary Health Care Security Upgrade (Regional)
- Kitchen Walk-In Cooler (Flin Flon)
- Medical Records Filing System Reconstruction (Flin Flon)
- Bone Density Scanner Room Renovations (Flin Flon)
- Maintenance Shop (Snow Lake)
- Medical Record Storage (The Pas)
- St. Paul's Crawl Space (The Pas)
- Boiler 1 Repairs (The Pas)
- Control Air Compressor Replacement (The Pas)
- Flooring Replacement , Level 1 (The Pas)
- Decontamination Shower/ ER Entry (The Pas)
- Level 4 Flooring Replacement (Flin Flon)
- ER Redevelopment (Flin Flon)

New Projects to submitted in 2011-12 Health Plan:

- Boiler 2 Door Refractory Replacement (Flin Flon)
- Parking Lot Resurfacing (Flin Flon)
- PCH Sprinkler System (Flin Flon)
- Kitchen Floor Repairs (The Pas)
- Elevator Upgrade (NLM)
- Structural Floor Repairs (NLM)
- Window replacement (Snow Lake)
- Roof Insulation (Snow Lake)
- Service Elevator Retrofitting (Flin Flon)
- Bariatric Ceiling Track Lift (Flin Flon)

FUNDING/INFRASTRUCTURE CHALLENGES

NRHA has continued to incur a deficit for the past several years. The majority of our budget is directly related to the Northern Patient Transport Program and human capital, which leaves little room for reallocation. Areas with the highest percentage of budget allocation included Acute Care at 37%, Medical Remuneration at 16%, Long Term Care at 11% and Northern Patient Transport Program at 8%. Based on the unaudited financial statement of the year ending March 31, 2010, there was a 4.3% increase in expenses over 2008-09. Areas of note include:

PROGRAM-RELATED INCREASES

There were increases in operating expenses over the past fiscal year in almost all sectors including Long Term Care (5.9%), RHA Costs (11.5%), Mental Health (20.2%), NPTP (10.8%), Pre-retirement (23.1%) and Medical Remuneration (14.4%). Contributing factors to the increases included negotiated wage increases, inflationary increases, pre-retirement liability and cost of living increases. The increase in the RHA budget line of 11.5% was largely due to reallocation of costs from Acute Care and increases to HR recruitment and legal fees. Physician remuneration cost increases of 14.4% were related to negotiated payment increases to physicians as well as physician shortages and the need to depend on locum services.

STAFFING CHALLENGES

We continue to spend considerable resources in the areas of recruitment due to our northern location. Due to nursing shortages, we had to rely heavily on Agency Nurses in 2009-10 at a cost of $460,000. Overtime paid to nurses was also significant totaling 39,252 hours and a total cost of $1,864,775.

NORTHERN PATIENT TRANSPORTATION PROGRAM (NPTP)

We continued to experience a deficit in the NPTP program. The increases are largely attributed to an increase in fuel and transportation costs as well as mode of travel required. The largest driver of NPTP costs continues to be air ambulance. In 2009-10, 7% of all travel warrants were for air ambulance yet it accounted for 52% of the total budget. Our NPTP committee continues to meet to examine costs and to identify opportunities for cost savings. A provincial NPTP Advisory Committee has been struck and will focus on policy reform and system change.

AGING EQUIPMENT

Our basic and specialized equipment is aging with many critical pieces of equipment being at their end of the useful lifespan. The basic equipment allocation is insufficient to be able to strategically plan for replacement. Of note in the 2010-11 budget process, we had $932,336 in requests for basic equipment yet our funding allocation is less than $300,000. Our specialized equipment requests submitted in our Health Plan and continues to grow each year and we are often faced with submitting an emergent request to the department for replacement when a piece of equipment fails.

INFORMATION TECHNOLOGY

NRHA's investment in Information Technology has been at 0.5% of our total budget for the past several years. The national benchmark is 4%. In addition, we have the lowest budget allocation dedicated to IT in comparison to the rest of the Regional Health Authorities in Manitoba. Due to our ongoing deficit, we have been unable to invest more into information technology to keep up with the national benchmark.

KEY FINANCIAL INDICATORS

FIGURE 15 **ADMINISTRATIVE COSTS**

Regional Health Authority	2003/04 %	2004/05 %	2005/06 %	2006/07 %	2007/08 %	2008/09 %
Assiniboine	5.0	5.0	5.0	5.0	5.3	5.4
Brandon	4.0	3.7	3.6	3.7	3.7	3.9
Burntwood	4.9	5.9	6.2	6.2	6.0	6.2
Cancer Care	6.0	5.7	5.3	4.3	4.4	4.7
Central	5.0	5.0	5.2	5.8	5.6	5.3
Churchill	9.4	9.6	10.4	10.2	11.5	10.3
Interlake	5.1	4.9	4.5	4.5	4.8	4.9
NOR-MAN	5.0	5.1	4.8	5.1	4.9	5.0
North Eastman	7.3	6.3	6.6	6.3	6.3	6.7
Parkland	5.5	5.4	5.4	5.4	5.1	5.3
South Eastman	5.3	5.1	5.2	5.1	6.1	6.5
Rural Average	5.1	5.0	5.0	5.3	5.1	5.2
Winnipeg	6.2	6.0	4.6	4.4	4.2	4.1
Manitoba Average	5.8	5.6	4.7	4.6	4.5	4.5

Source: Manitoba Health & Healthy Living, Management Information System (MIS)

FIGURE 16 **NRHA ADMINISTRATIVE COSTS 2009/10**

Corporate = $3,056,365 = 3.29%

Patient Care = $193,864 = 0.21%

Finance = $787,023 = 0.85%

HR & Recruitment = $683,480 = 0.74%

Total Administration = $4,720,733 = 5.09%

FINANCIAL INFORMATION

The following financial information was extracted from the Audited Financial Statements reported on by Kendall Pandya in the Auditor's Report dated June 14, 2010. In accordance with the Public Sector Compensation Disclosure Act, the NOR-MAN Regional Health Authority has disclosed the information required by this Act in our Auditor's Supplementary Financial Information which has been certified by our Auditor to be correct. Also in accordance with said Act, a complete set of Financial Statements, Auditors Report and the Statement of Public Sector Compensation Disclosure are available by contacting the NOR-MAN RHA Corporate Office at (204) 687-1300 or Toll Free at 1-888-340-6742. Our Annual Report is also published on our web-site: www.norman-rha.mb.ca.

Letter From the Auditors

KENDALL PANDYA
Chartered Accountants
76 Main St., P.O. Box 175, Flin Flon, MB R8A 1M7 (204) 687-8211 Fax 687-2957

AUDITOR'S REPORT

To the Chairperson and Board of Directors

We have audited the statement of financial position of NOR-MAN Regional Health Authority Inc. as at March 31, 2010 and the Statements of Operations, Net Assets, Deferred Contributions, and Cash Flow for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Nor-Man Regional Health Authority Inc. as at March 31, 2010 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Flin Flon, MB
June 14, 2010

Chartered Accountants

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2010

ASSETS

	Notes	2010	2009
CURRENT ASSETS			
Accounts receivable	2a	$ 1,525,134	$ 1,504,356
Due from Manitoba Health	2b	8,020,427	5,455,943
Inventories		448,780	420,839
Prepaid expenses		396,518	634,596
		10,390,859	8,015,734
DUE FROM MANITOBA HEALTH	2c	2,654,372	2,654,372
CAPITAL ASSETS	5	30,937,648	32,740,558
		$43,982,879	$43,410,664

LIABILITIES

CURRENT LIABILITIES			
Bank indebtedness		$ 6,805,357	$ 1,513,984
Accounts payable		3,777,364	3,932,127
Due to Diagnostic Services Manitoba (DSM) - Benefit credits		-	257,520
Accrued vacation benefit entitlements		3,770,244	3,887,000
Current portion of capital lease		50,771	47,946
Current portion of long-term debt		219,504	302,576
		14,623,240	9,941,153
LONG-TERM DEBT	10	2,293,086	2,630,937
CAPITAL LEASE	12	100,890	151,661
DUE TO MANITOBA HEALTH		6,551,946	4,600,000
DUE TO DSM – PRE-RETIREMENT OBLIGATION		382,098	290,828
ACCRUED PRE-RETIREMENT OBLIGATIONS	6	4,117,475	3,567,943
DEFERRED CONTRIBUTIONS	3		
Expenses of future periods		2,216,414	1,401,478
Capital assets		26,917,736	28,730,941
NET ASSETS			
Invested in capital assets	4	3,032,570	3,335,421
Restricted	f	6,607	6,077
Unrestricted		(16,259,185)	(11,245,775)
		$43,982,879	$43,410,664

COMMITMENTS (Note 11)

Approved by the Board:

_____ _____

See accompanying notes.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF OPERATIONS
YEAR ENDED MARCH 31, 2010

	2010	2009
REVENUE		
Manitoba Health - Note 7	$75,583,086	$70,127,513
Non-insured income	6,642,419	8,680,601
Other income	2,293,698	4,944,727
Amortization of deferred contributions	3,446,843	3,223,505
Ancillary revenue	1,645,118	1,309,457
	89,611,164	88,366,803
EXPENSES		
Acute care	35,165,535	36,411,362
Long-term care	10,762,422	10,161,290
Medical remuneration	15,204,855	13,288,341
Community services co-ordination	638,588	714,307
Community based mental health	1,625,119	1,352,167
Community based home care	5,170,681	4,971,564
Community based health	4,032,420	3,835,451
Land ambulance	2,705,142	2,603,913
Unallocated Regional health authority costs	5,206,125	4,662,971
Amortization of capital assets	3,423,067	3,211,311
Interest on capital lease	8,593	12,875
Northern Patient Transportation	7,734,744	6,982,568
Pre - retirement	817,742	664,496
Rosaire House Addictions Centre	742,306	707,452
Long-term care - Aging in Place	27,202	-
Ancillary expenses	1,662,354	1,587,366
	94,926,895	91,167,434
DEFICIENCY OF REVENUE OVER EXPENSES	$ (5,315,731)	$ (2,800,631)

See accompanying notes.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF CASH FLOW
AS AT MARCH 31, 2010

	2010	2009
CASH FLOWS FROM OPERATING ACTIVITIES		
Deficiency of revenue over expenses	$ (5,315,731)	$(2,800,631)
Items not affecting cash		
Amortization of capital assets	3,423,067	3,211,311
Amortization of deferred contributions	(3,446,843)	(3,223,505)
Change in non-cash working capital	(1,879,728)	(270,613)
Change in pre-retirement liability	(549,532)	(326,279)
	(7,768,767)	(3,409,717)
CASH FLOWS FROM INVESTING AND FINANCING ACTIVITIES		
Purchase of capital assets	(316,834)	(987,972)
Construction in progress expenditures	(2,384,144)	(2,106,072)
Increase in long-term debt	2,729,797	4,668,122
Receipt of contributions relating to capital assets	1,633,639	3,862,865
Receipt of contributions relating to expenses of future periods	814,936	357,171
	2,477,394	5,794,114
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(5,291,373)	2,384,397
CASH (BANK INDEBTEDNESS), beginning of year	(1,513,984)	(3,898,381)
CASH (BANK INDEBTEDNESS), end of year	$ (6,805,357)	$(1,513,984)

See accompanying notes.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010

1. ECONOMIC DEPENDENCE

The Authority is funded primarily by the Province of Manitoba in accordance with budget arrangements established by the Ministry of Health.

2. ACCOUNTS RECEIVABLE/DUE FROM MANITOBA HEALTH

		2010	2009
(a)	**Accounts Receivable**		
	Ambulance	$ 608,018	$ 523,643
	Residents	638,153	909,032
	Employees computer loans	86,529	95,405
	Government of Canada	107,189	67,869
	Sundry	118,738	165,560
		1,558,627	1,761,509
	Less allowance for doubtful accounts	(33,493)	(257,153)
		$1,525,134	$1,504,356
(b)	**Due from Manitoba Health**		
	Out of Globe - 2007	-	$1,922,002
	Out of Globe - 2008	787,214	915,801
	Out of Globe - 2009	1,526,672	1,564,061
	Out of Globe – 2010	873,306	-
	Recovery from Saskatchewan		
	payable to Manitoba - 2005	-	(891,946)
	payable to Manitoba - 2007	-	(1,500,000)
	Ancillary Programs	65,535	(23,021)
	Trades Wage Standardization	38,692	38,692
	2009 – 2010 Maternity Leave Top-Up	31,405	-
	Facility Support Settlement – 2009	41,190	-
	Trades Settlement – 2009	4,224	-
	2009 – 2010 Extended Health Benefit	184,926	-
	Professional Technical Market Supplement	-	109,204
	Capital Operating – TPHC Dialysis	-	377,040
	PCH Staffing	201,162	77,470
	Patient Safety Officer	-	5,270
	CHA – Q4	32,649	21,436
	Vacation benefit entitlements	2,839,934	2,839,934
	Capital Projects – Cash Payments	301,291	-
	H1 N1	239,938	-
	Pre Screening Interview	(1,877)	-
	2009 – 2010 Pre-retirement Program	625,000	-
	2009 – 2010 SK Health 13th Payment	229,166	-
		$ 8,020,427	$5,455,943
Due from Manitoba Health			
	Pre-retirement obligation entitlements	$ 2,654,372	$2,654,372

The amount recorded as a receivable from the Province for pre-retirement costs was initially determined based on the value of the corresponding actuarial liability for pre-retirement costs as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to Norman Regional Health Authority Inc., an amount equivalent to the change in the pre-retirement liability, which includes annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related pre-retirement liabilities.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010

3. DEFERRED CONTRIBUTIONS

(a) Expenses of future periods

(i) Funds in reserve for major repairs and improvements
Deferred contributions related to funds in reserve for major repairs and improvements represent unspent externally restricted funds from the Province for major repairs and improvements to buildings.

(ii) Donations
Deferred contributions related to donations represent externally restricted unspent amounts of donations for various purposes.

(iii) Grants
Deferred contributions related to grants represent externally restricted unspent amounts of grants for various programs.

(b) Related to capital assets
Deferred capital contributions represent the unamortized amounts of grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

4. NET ASSETS INVESTED IN CAPITAL ASSETS

Net assets invested in capital assets are calculated as follows:

	2010	2009
Capital assets	$ 30,937,648	$ 32,740,558
Amounts financed by:		
Deferred contributions	(26,917,736)	(28,730,941)
Long-term debt	(987,342)	(674,196)
	$ 3,032,570	$ 3,335,421

5. CAPITAL ASSETS

2009	Cost	Accumulated Amortization	Net Book Value
Land and land improvements	$ 599,060	$ 294,735	$ 304,325
Buildings	46,650,038	22,137,865	24,512,173
Computer equipment	1,614,900	1,325,872	289,028
Equipment	5,215,021	2,770,963	2,444,058
Construction in Progress	2,458,884	0	2,458,884
Energy Retro Fit Guarantee	2,732,090	0	2,732,090
	$59,269,993	$26,529,435	$32,740,558

2010	Cost	Accumulated Amortization	Net Book Value
Land and land improvements	$ 599,060	$ 303,127	$ 295,933
Buildings	49,034,182	24,752,871	24,281,311
Computer equipment	1,511,287	1,433,875	77,412
Equipment	5,666,114	3,087,718	2,578,396
Construction in Progress	2,868,916	0	2,868,916
Energy Retro Fit Guarantee	835,680	0	835,680
	$60,515,239	$29,577,591	$30,937,648

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENT
YEAR ENDED MARCH 31, 2010

6. ACCRUED PRE-RETIREMENT OBLIGATIONS

	2010	2009
Members of the Health Employees Pension Plan and Civil Service Superannuation Plan	$4,117,475	$3,567,943

The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Healthcare Employees Pension Plan and the Civil Service Superannuation Plan is to pay out four days of salary per year of service upon retirement if the employee complies with one of the following conditions:

(i) have ten years service and have reached the age of 55 or
(ii) qualify for the "eighty" rule which is calculated by adding the number of years service to the age of the employee
(iii) retire at or after age 65
(iv) terminate employment at any time due to permanent disability

The Authority undertook an actuarial valuation May 6, 2010 of the accrued retirement entitlements as at March 31, 2010. The significant actuarial assumptions adopted in measuring the Authority's accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 4.9% (2009 – 6.7%) and a rate of salary increase of 4.0% (2009 - 3.5%) plus age related merit/promotion scale with no provision for disability.

Funding for the retirement obligation is recoverable from Manitoba Health on an out of globe basis in an amount equal to the amount receivable at March 31, 2004 of $2,654,372.

7. REVENUE FROM MANITOBA HEALTH

Revenue as per Manitoba Health's March 15/10 funding document		$77,243,366
Other Manitoba Health Revenue – One Time		
Various	(1,032)	
RN (EP) Nursing Station	(70,000)	
Repayment on LT Debt	240,000	
Surge Capacity	(2,727)	
Ancillary Programs	(628,595)	
09/10 Debt Servicing Payable to MB Health	(82,070)	
09/10 Infusion Pump Payment Received	(469,730)	
FFPCH Mortgage	(2,172)	
Ceiling Lifts	(12,000)	(1,028,326)
Add: Accruals approved by Manitoba Health:		
09/10 Medical Remuneration	955,376	
08/09 Facility Support	41,190	
08/09 Trades	4,224	
09/10 Maternity Leave Top-up	31,405	
09/10 Extended Health Benefit	184,926	
TP Dialysis – Bad Debt	(232,040)	
07/08 Immunization Funding	(57,771)	
09/10 H1N1 Invoice	179,042	
09/10 Immunization Funding	40,585	
09/10 PCH Staffing Q3	97,483	
09/10 PCH Staffing Q4	103,678	
09/10 Pre-Retirement Funding	625,000	1,973,098

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2010

Deduct:		
Payments on prior year receivables	(1,374,306)	
Other – RN (EP) Funding	(23,100)	(1,397,406)
Capital - Recognized as Deferred Contributions		
Basic Equipment	(136,000)	
Basic Equipment (to be adjusted in 10/11)	(56,892)	
Principal – Acute	(456,440)	
Principal – LTC	(192,618)	
Reserve – LTC	(8,160)	
Interest – Acute	(166,276)	
Interest – LTC	(9,105)	(1,025,491)
Capital – Projects (Cash Reimbursement)		
IT Small Project	(79,782)	
Capital Project – Grand Rapids Nursing Station	(94,678)	
Capital Project – St. Paul's	(7,695)	(182,156)
Revenue from Manitoba Health		$75,583,086

8. PENSION PLAN

Most of the employees of the Authority are members of the Healthcare Employees Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on the length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual entities within the related group. As a result, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore the plan is accounted for as a defined contribution plan in accordance with the requirements of the Canadian Institute of Chartered Accountant's Handbook section 3461.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy. Pension expense is based on Plan management's best estimate, in consultation with its actuaries, of the amount, together with the 5% of basic annual earnings up to the Canada Pension Plan ceiling contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employee' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the plan as at December 31, 2004, indicates that the plan is fully funded. Actual contributions to the plan made during the year by the Authority on behalf of its employees amounted to $2,272,492 (2009 - $2,166,649) and are included in the statement of operations.

Some of the employees of the Authority are eligible for membership in the provincially operated Civil Service Superannuation Plan. The pension liability for Authority employees is included in the Province of Manitoba's liability for Civil Service Superannuation Fund. Accordingly, no provision is required in the financial statements relating to the effects of participating in the plan by the Authority and its employees.

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2009

9. RELATED ENTITIES

The Pas Health Complex Foundation, Inc. (the Foundation) is a non-profit voluntary association whose purpose is the betterment of health care at The Pas Health Complex facilities. While there is no formal relationship between the Authority and this registered Charitable Foundation, the aims and objectives coincide. The Authority regularly provides the Foundation with a listing of project/ equipment requirements for the Foundation to consider in their annual funding process. During the year the Authority received donated equipment valued at $1,737 (2009 - $42,131).

10. ENERGY RETROFIT/MANUFACTURER'S LIFE INSURANCE COMPANY LOAN

In the 2007-2008 fiscal year, the Health Authority entered into an agreement with the Government of Canada, Department of Natural Resource to receive Energy Retro-Fit Assistance. Under the terms of the agreement, MCW Custom Energy Solutions Ltd (MCW) manages and contracts the work to be performed with the amounts, net of the grants, funded by Manufacturers Life Insurance Company (Manufacturers). The Health Authority pays a monthly amount equivalent to the energy savings to Manufacturers with MCW providing an annual payment to the Health Authority for any deficiency of estimated energy savings to actual energy savings.

Although this project is expenditure neutral, the asset and loan have been reflected in these financial statements to ensure payments to third parties are adequately reflected. An expected payout of September, 2021 is implicit in this project with interest at the rate of 6.3%.

11. COMMITMENTS

(a) The Authority has entered into a 5 year operating lease at $60,000 per annum and two 15 year operating leases totalling $211,200 per annum for buildings housing some of its operations. Annual lease payments over the next five years are as follows:

2011	$211,200
2012	$211,200
2013	$211,200
2014	$211,200
2015	$211,200

Aggregate future minimum operating lease payments total $2,383,200.

(b) The Authority, on behalf of the Province of Manitoba, is making payments of principal and interest related to Province of Manitoba long-term debt. The $3,138,790 principal balance is reflected as deferred contributions related to capital assets. Funding is received from the Province for the principal and interest payments. Principal payments are estimated over the next five years as follows:

2011	$763,360
2012	$718,349
2013	$606,340
2014	$582,688
2015	$577,680

NOR-MAN REGIONAL HEALTH AUTHORITY INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2009

12. CAPITAL LEASE

The Authority has entered into a 6 year capital lease with the Royal Bank of Canada to purchase beds costing $294,532. Lease payments of $4,846 per month include interest at 5.74%. Lease principal payments over the next five years are as follows:

2011	$ 50,771
2012	$ 53,764
2013	$ 47,126
2014	$ 0
2015	$ 0

Aggregate future capital lease payments total $164,764 including $13,103 of imputed expenses.

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by NOR-MAN Regional Health Authority for fiscal year 2009 – 2010:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2009 – 2010
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	0 Received
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	NIL

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2009 – 2010 Annual Report

NOR-MAN Regional Health Authority
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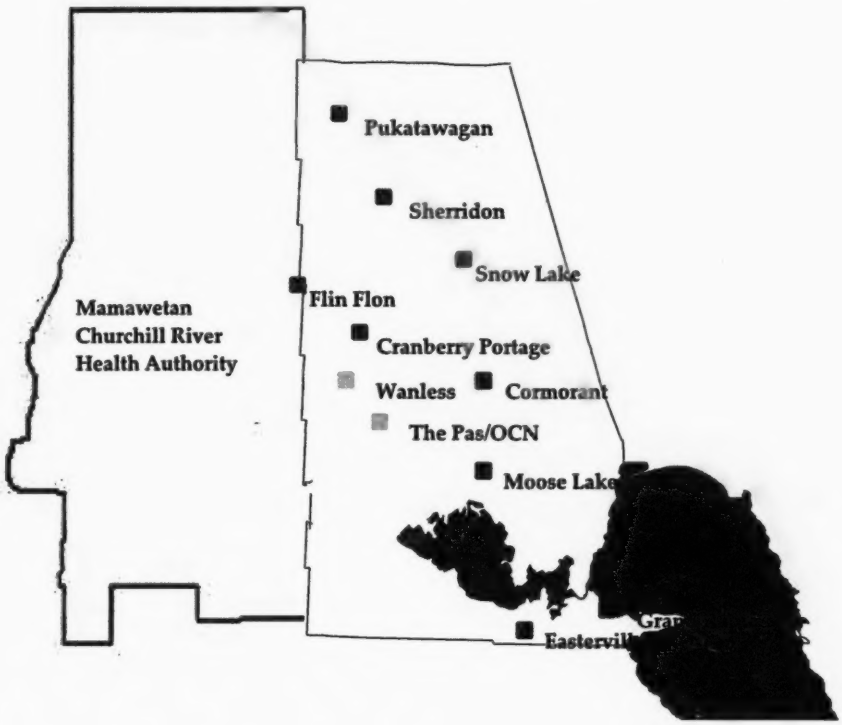
HEALTHY PEOPLE IN HEALTHY COMMUNITIES

"Working Together to Improve Our Health"



NOR-MAN REGIONAL HEALTH AUTHORITY